

SERFF Tracking Number: SFCM-128395081 State: Arkansas
 Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number:
 Company Tracking Number: IH-LTARGI.3
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
 Product Name: Partnership Long Term Care Rate Quote
 Project Name/Number: Partnership Long Term Care Rate Quote/IH-LTARGI.3

Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Partnership Long Term Care SERFF Tr Num: SFCM-128395081 State: Arkansas

Rate Quote

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed

State Tr Num:

Sub-TOI: LTC03I.003 Other

Co Tr Num: IH-LTARGI.3

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Donna Lambert

Authors: Tammie Mills, Sherry

Disposition Date: 05/31/2012

Boitnott

Date Submitted: 05/23/2012

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Partnership Long Term Care Rate Quote

Status of Filing in Domicile: Not Filed

Project Number: IH-LTARGI.3

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We are not required to file Long Term Care marketing pieces/forms in Illinois.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/31/2012

State Status Changed: 05/31/2012

Deemer Date:

Created By: Sherry Boitnott

Submitted By: Sherry Boitnott

Corresponding Filing Tracking Number:

Filing Description:

Re: State Farm Mutual Automobile Insurance Company

Individual Accident and Health

NAIC #176-25178

Partnership Long Term Care Rate Quote for AR

Form #: IH-LTARGI.3

Forms# Form Name Replaces Approved Tracking#

SERFF Tracking Number: SFCM-128395081 State: Arkansas
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IH-LTARGI.3 General Information page IH-LTMTGI.2 9/26/11 SFCM-127620656
IH-LTARCI2.4 Coverage Information page IH-LTMTCI2.3 9/26/11 SFCM-127620656
IH-LTARRQ.4 Long Term Care IH-LTMTRQ.3 9/26/11 SFCM-127620656
Insurance- Your Quote
IH-MTAdditionalInfo Additional Information New

Enclosed for filing on behalf of the State Farm Mutual Automobile Insurance Company of Bloomington, Illinois are the referenced Long Term Care internet rate quote pages. These forms are being filed for informational purposes in your state.

These pages are considered an Invitation to Contract.

The Welcome Page ICC11-IH-LTWELC, which is part of the flow, was approved in you state September 26, 2011 under SERFF# SFCM-127620656. This form will be used countrywide including the Compact states. Therefore the form number is generic as possible so that it can work in all states.

The entire flow has been attached to the Supporting Documentation tab.

Your state approved the LTC Partnership Rider, 99717AR, on March 29, 2012 under SERFF # STFH-128148464.

The format and colors that are on the internet pages are variable and may change from year to year.

We are not required to file Long Term Care marketing pieces in Illinois.

The anticipated effective date of these forms will be September 9, 2012

State Narrative:

Company and Contact

Filing Contact Information

Sherry Boitnott, Tech - Contracts & Compliance sherry.boitnott.L54X@statefarm.com

1 State Farm Plaza 309-766-4162 [Phone]

Bloomington, IL 61710-0001 309-766-8483 [FAX]

Filing Company Information

State Farm Mutual Automobile Insurance Company CoCode: 25178 State of Domicile: Illinois

One State Farm Plaza Group Code: 176 Company Type:

SERFF Tracking Number: SFCM-128395081 State: Arkansas
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 Laura Walters / Marketing D-3 Group Name: State ID Number:
 Bloomington, IL 61710 FEIN Number: 37-0533100
 (309) 763-8104 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 forms @ \$50.00 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$200.00	05/23/2012	59359670

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	05/31/2012	05/31/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	05/24/2012	05/24/2012	Tammie Mills	05/31/2012	05/31/2012

SERFF Tracking Number: SFCM-128395081 *State:* Arkansas
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Disposition

Disposition Date: 05/31/2012

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SFCM-128395081 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Partnership Long Term Care Rate Quote for AR	Filed	Yes
Form	General Information page	Filed	Yes
Form (revised)	Coverage Information page	Filed	Yes
Form	Coverage Information page	Replaced	Yes
Form	Long Term Care Insurance	Filed	Yes
Form	Additional Information	Filed	Yes

SERFF Tracking Number: SFCM-128395081 State: Arkansas
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Project Name/Number: Partnership Long Term Care Rate Quote/IH-LTARGI.3

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/24/2012
Submitted Date 05/24/2012
Respond By Date 06/25/2012

Dear Sherry Boitnott,

This will acknowledge receipt of the captioned filing.

Objection 1

- Coverage Information page, IH-LTARCI2.4 (Form)

Comment: An elimination or waiting period is not similar to a deductible. Rule 11 Guideline 8(A)(1)32 states: An advertisement which is an invitation to contract and which fails to disclose the amount of any deductible and/or the percentage of any co-insurance factor is not acceptable. There is no dollar amount related to the elimination period.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/31/2012
 Submitted Date 05/31/2012

Dear Donna Lambert,

Comments:

We are responding to the objection that we received.

Response 1

Comments: We have removed the sentence, An elimination or waiting period is not similar to a deductible, per your request.

Related Objection 1

Applies To:

- Coverage Information page, IH-LTARCI2.4 (Form)

Comment:

An elimination or waiting period is not similar to a deductible. Rule 11 Guideline 8(A)(1)32 states: An advertisement which is an invitation to contract and which fails to disclose the amount of any deductible and/or the percentage of any co-insurance factor is not acceptable. There is no dollar amount related to the elimination period.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Coverage Information page	IH-LTARCI2.4		Advertising	Revised	SFCM-127620656		IH-LTARCI2.4.pdf

Previous Version

<i>SERFF Tracking Number:</i>	<i>SFCM-128395081</i>	<i>State:</i>	<i>Arkansas</i>		
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance</i>	<i>State Tracking Number:</i>			
	<i>Company</i>				
<i>Company Tracking Number:</i>	<i>IH-LTARGI.3</i>				
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>		
<i>Product Name:</i>	<i>Partnership Long Term Care Rate Quote</i>				
<i>Project Name/Number:</i>	<i>Partnership Long Term Care Rate Quote/IH-LTARGI.3</i>				
<i>Coverage Information</i>	<i>IH-</i>	<i>Advertising</i>	<i>Revised</i>	<i>SFCM-</i>	<i>IH-</i>
<i>page</i>	<i>LTARCI2.</i>			<i>12762065</i>	<i>LTARCI2.</i>
	<i>4</i>			<i>6</i>	<i>4.pdf</i>

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
Sherry Boitnott, Tammie Mills

SERFF Tracking Number: SFCM-128395081 State: Arkansas
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 Company
 Company Tracking Number: IH-LTARGI.3
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Form Schedule

Lead Form Number: IH-LTARGI.3

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 05/31/2012	IH- LTARGI.3	Advertising General Information page	Revised	Replaced Form #: IH- LTARGI.2 Previous Filing #: SFCM-127620656		IH- LTARGI.3.pdf
Filed 05/31/2012	IH- LTARCI2.4	Advertising Coverage Information page	Revised	Replaced Form #: IH- LTARCI2.3 Previous Filing #: SFCM-127620656		IH- LTARCI2.4.pdf
Filed 05/31/2012	IH- LTARRQ.4	Advertising Long Term Care Insurance	Revised	Replaced Form #: IH- LTARRQ.3 Previous Filing #: SFCM-127620656		IH- LTARRQ.4.pdf
Filed 05/31/2012	IH- AdditionalInfo	Advertising Additional Information	Initial			IH- AdditionalInfo AR.pdf

General Information Screens

Figure 2: Five Coverage Type Options

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 61 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with No Inflation Protection (ages 75 thru 79)

For more detailed information, please read the [Additional Information](#) page.

Outline of Coverage

Review the [Outline of Coverage](#). This provides detailed information about the Long-Term Care Insurance policy.

I have been given the opportunity to review the [Outline of Coverage](#) document for this product prior to obtaining a rate quote.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

[◀ Previous](#) [Continue ▶](#)

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

NAIC# 25178
IH-LTARGI.3

Figure 3: Glossary: Long-Term Care Insurance with No Inflation Protection (ages 30-75)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 30 through 75. <input type="radio"/> Automatic inflation protection is not included in this policy, however, it does include a Future Purchase Option that is available at specified ages. This option allows you to increase your maximum daily benefit at an additional cost. <input type="radio"/> This policy does not provide Partnership program "asset disregard" in determining Medicaid eligibility as defined by your state.

For more detailed information, please read the [Addit](#)

Outline of Coverage

Review the [Outline of Coverage](#). This provides detailed information about the Long-Term Care Insurance policy.

I have been given the opportunity to review the [Outline of Coverage](#) document for this product prior to obtaining a rate quote.

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NAIC# 25178
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Find an Agent



Choose a State to be your cc for this quote ready with tr professional advice.

[Choose Your Agent](#)

Figure 4: Glossary: Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance with Enhanced Inflation Protection (ages 30 thru 60)

For more detailed information, please read the [Addit](#)

Outline of Coverage

Review the [Outline of Coverage](#). This provides c

I have been given the opportunity to review a rate quote.

The purpose of this communication is the solicitation of a policy from the producer or insurance company.

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Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60)

Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 30 through 79.

This policy qualifies as a Long-Term Care Insurance Partnership Program policy. This means that an amount of your assets equal to the dollar amount of long-term care insurance benefits paid under this policy will be disregarded for purposes of determining your eligibility for Medicaid, as defined by your state.

Compound Automatic Increase Benefit increases your previous Maximum Daily Benefit and your remaining Maximum Lifetime Benefit by 5% on each policy anniversary to help your coverage keep pace with rising costs of services. This is the required amount of inflation protection available for applicants aged 30 through 60 to help your coverage keep pace with rising costs of services.

See the Outline of Coverage for a complete description of benefits and limitations.

Find an Agent



Choose a location to be you for this quote ready with professional advice.

Choose Your Agent

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

NAIC# 25178
IH-LTARGI.3

Figure 5: Glossary: Long-Term Care Insurance-Partnership with Compound Inflation Protection (ages 30 thru 79)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with No Inflation Protection (ages 30 thru 75)

For more detailed information, please read the [Additional Information](#).

Outline of Coverage

Review the [Outline of Coverage](#). This provides detailed information about the policy.

I have been given the opportunity to review the Outline of Coverage and agree to a rate quote.

The purpose of this communication is the solicitation of insurance from a producer or insurance company.

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Long-Term Care Insurance Disclaimer

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NAIC# 25178
IH-LTARG1.3

Find an Agent



Choose a location to be your agent for this quote. Ready with professional advice.

Choose Your Agent

Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79)

Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 30 through 79.

This policy qualifies as a Long-Term Care Insurance Partnership Program policy. This means that an amount of your assets equal to the dollar amount of long-term care insurance benefits paid under this policy will be disregarded for purposes of determining your eligibility for Medicaid, as defined by your state.

Compound Automatic Increase Benefit increases your previous Maximum Daily Benefit and your remaining Maximum Lifetime Benefit by 5% on each policy anniversary to help your coverage keep pace with rising costs of services. This is the required amount of inflation protection available for applicants aged 30 through 60 to help your coverage keep pace with rising costs of services.

See the Outline of Coverage for a complete description of benefits and limitations.

Figure 6: Glossary: Long-Term Care Insurance-Partnership with Simple Inflation Protection (ages 61 thru 79)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 61 thru 79)

For more detailed information, please read the [Additional Information](#).

Outline of Coverage

Review the [Outline of Coverage](#). This provides details on the benefits and limitations of the policy.

I have been given the opportunity to review the Outline of Coverage and agree to a rate quote.

The purpose of this communication is the solicitation of insurance from the producer or insurance company.

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NAIC# 25178
IH-LTARGI.3

Find an Agent



Choose a location to be your agent for this quote. You are ready with professional advice.

[Choose Your Agent](#)

Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 61 thru 79)

Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 61 through 79.

This policy qualifies as a Long-Term Care Insurance Partnership Program policy. This means that an amount of your assets equal to the dollar amount of long-term care insurance benefits paid under this policy will be disregarded for purposes of determining your eligibility for Medicaid, as defined by your state.

Simple Automatic Increase benefit increases the maximum Daily Benefit by 5% of the original amount and the remaining Maximum Lifetime Benefit amount increases on a proportional amount on each policy anniversary. This is the required amount of inflation protection available for applicants aged 61 through 75 to help your coverage keep pace with rising costs of services.

See the Outline of Coverage for a complete description of benefits and limitations.

Figure 7: Glossary: Long-Term Care Insurance-Partnership with No Inflation Protection (ages 76 thru 79)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 61 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with No Inflation Protection (ages 76 thru 79)

For more detailed information, please read the [Additional Information](#).

Outline of Coverage

Review the [Outline of Coverage](#). This provides details on the policy.

I have been given the opportunity to review the Outline of Coverage and a rate quote.

The purpose of this communication is the solicitation of insurance from the producer or insurance company.

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Long-Term Care Insurance - Partnership with No Inflation Protection (ages 76 thru 79)

Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 76 through 79.

This policy qualifies as a Long-Term Care Insurance Partnership Program policy. This means that an amount of your assets equal to the dollar amount of long-term care insurance benefits paid under this policy will be disregarded for purposes of determining your eligibility for Medicaid, as defined by your state.

No inflation protection is provided by this policy or required for applicants aged 76 through 79.

See the Outline of Coverage for a complete description of benefits and limitations.

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

NAIC# 25178
IH-LTARGI.3

Find an Agent



Choose a location to be you for this quote ready with professional advice.

Choose Your Agent

Coverage Information Screen

Figure 8: Coverage Information

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select the number of years your policy will provide benefits, known as the benefit factor .	<input type="text"/>
Select a period of time for which you receive covered qualified Long-Term Care services before payment begins, known as the elimination period .	<input type="radio"/> 30 days <input type="radio"/> 90 days <input type="radio"/> 180 days
To have coverage continue if premiums are not paid subject to certain restrictions, select the non-forfeiture benefit rider .	<input type="radio"/> Yes <input type="radio"/> No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
IH-LTARC12.4

Figure 9: Glossary: Daily Benefit

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select provide factor .	Daily Benefit The amount of benefit payable for each day of covered expense.
Select covered before elimin .	You should select an amount that is equal to or greater than the average cost of care in the area you expect to receive care. Your State Farm agent can help you select the appropriate daily benefit. Selecting a higher daily benefit will increase your premium.
To have coverage continue if premiums are not paid subject to certain restrictions, select the non-forfeiture benefit rider .	<input checked="" type="radio"/> Yes <input type="radio"/> No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
IH-LTARC12.4

Figure 10: Glossary: Benefit Factor

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the **daily benefit** amount.

Select the number of years your policy will provide benefits, known as the **benefit factor**.

Select a period of time for which covered qualified Long-Term Care before payment begins, known as **elimination period**.

To have coverage continue if payment is not paid subject to certain restrictions, select the **non-forfeiture benefit**.

Benefit Factor

The length of time this policy will provide benefits.

This factor is used to determine the maximum amount payable by your policy for all benefits.

Selecting a longer Benefit Factor will increase your premium.

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
IH-LTARC12.4

Figure 11: Glossary: Elimination Period

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select as the	Elimination Period
Select provide factor .	It is the number of days in which you receive qualified long-term care services before the policy begins to pay benefits. You will be responsible for paying long-term care services during the Elimination Period.
Select covered before pay. It begins, known as the elimination period .	<input type="radio"/> 180 days
To have coverage continue if premiums are not paid subject to certain restrictions, select the non-forfeiture benefit rider .	<input type="radio"/> Yes <input type="radio"/> No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
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Figure 12: Glossary: Non-Forfeiture Benefit Rider

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select the number of years your policy will provide benefits, known as factor .	<input type="text"/>
Select a period of time for covered qualified Long-Term Care before payment begins, elimination period .	<input type="text"/>
To have coverage continue if premiums are not paid subject to certain conditions, select the non-forfeiture benefit rider .	<input type="text"/>

Non-Forfeiture Benefit Rider

This rider provides continuation of coverage if you stop paying premiums for your Long-Term Care Insurance policy subject to certain conditions.

Selecting the Nonforfeiture Benefit may substantially increase your premium.

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
IH-LTARC12.4

Rate Quote Screen

Figure 13: Preferred

Long-Term Care - Your Quote

Preferred

Select

Preferred

Thank you for your interest in Long-Term Care Insurance.

This is a no obligation rate quote. There are factors that may affect your eligibility for Long-Term Care Insurance. For more detailed information, please read the [Additional Information](#) page.

For exact terms and conditions see: Long-Term Care Insurance policy series 97062.

Date quoted: May 15, 2011

With Spousal Discount*

\$236.25 /mo**

\$1,417.50 /semi-annual

Semi-Annual Details

Base policy: \$ 1,015.00

Optional Benefit Riders

Non-Forfeiture Benefit Rider: \$ 402.50

Semi-Annual: \$ 1,417.50

Without Spousal Discount*

\$420.67 /mo**

\$2,524.00 /semi-annual

Semi-Annual Details

Base policy: \$ 1,880.00

Optional Benefit Riders

Non-Forfeiture Benefit Rider: \$ 644.00

Semi-Annual: \$ 2,524.00

* Spousal Discount is available in some states if your spouse is eligible and applies for Long-Term Care Insurance. Spousal includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union.

** An additional charge may be required if the monthly payment option is selected.

[Forward To An Agent](#)

General Information

[Edit](#)

State	AR
Date of birth	11/15/1955
Coverage type	Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75)

Coverage Information

[Edit](#)

Daily benefit	\$ 400
Benefit factor	5 years
Elimination period	30 days
Non-forfeiture benefit rider	Yes

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

NAIC# 25178
IH-LTARRQ.4

Figure 14: Glossary: Preferred

Long-Term Care - Your Quote

Preferred **Select**

Preferred

Preferred

A preferred rating class is available to those who qualify. The final rate classification will be determined by underwriting based on all insurability factors. Some of the factors considered in the determination are:

- height and weight
- medical history
- tobacco use

\$236.25 /mo**
\$1,417.50 /semi-annual

Semi-Annual Details

Base policy: \$ 1,015.00
Optional Benefit Riders
 Non-Forfeiture Benefit Rider: \$ 402.50
Semi-Annual: \$ 1,417.50

\$420.67 /mo**
\$2,524.00 /semi-annual

Semi-Annual Details

Base policy: \$ 1,880.00
Optional Benefit Riders
 Non-Forfeiture Benefit Rider: \$ 644.00
Semi-Annual: \$ 2,524.00

* Spousal Discount is available in some states if your spouse is eligible and applies for Long-Term Care Insurance. Spousal includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union.

** An additional charge may be required if the monthly payment option is selected.

[Forward To An Agent](#)

General Information

[Edit](#)

State	AR
Date of birth	11/15/1955
Coverage type	Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75)

Coverage Information

[Edit](#)

Daily benefit	\$ 400
Benefit factor	5 years
Elimination period	30 days
Non-forfeiture benefit rider	Yes

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
IH-LTARRQ.4

Figure 15: Select

Long-Term Care - Your Quote

Preferred **Select**

Select

Thank you for your interest in Long-Term Care Insurance.

This is a no obligation rate quote. There are factors that may affect your eligibility for Long-Term Care Insurance. For more detailed information, please read the [Additional Information](#) page.

For exact terms and conditions see: Long-Term Care Insurance policy series 97062.

Date quoted: May 15, 2011

With Spousal Discount*

\$472.67 /mo**
\$2,836.00 /semi-annual

Semi-Annual Details

Base policy: \$ 1,804.00

Optional Benefit Riders

Non-Forfeiture Benefit Rider: \$ 1,032.00

Semi-Annual: \$ 2,836.00

Without Spousal Discount*

\$725.80 /mo**
\$4,354.80 /semi-annual

Semi-Annual Details

Base policy: \$ 3,880.00

Optional Benefit Riders

Non-Forfeiture Benefit Rider: \$ 1,474.80

Semi-Annual: \$ 4,354.80

* Spousal Discount is available in some states if your spouse is eligible and applies for Long-Term Care Insurance. Spousal includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union.

** An additional charge may be required if the monthly payment option is selected.

[Forward To An Agent](#)

General Information

[Edit](#)

State	AR
Date of birth	11/15/1955
Coverage type	Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75)

Coverage Information

[Edit](#)

Daily benefit	\$ 400
Benefit factor	5 years
Elimination period	30 days
Non-forfeiture benefit rider	Yes

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

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Figure 16: Glossary: Select

Long-Term Care - Your Quote

Preferred

Select

Select

Select

Insurable applicants who do not qualify for the Preferred rate will receive the Select rate.

Factors that affect your rate in Long-Term Care Insurance.

Several factors that may affect your eligibility for Long-Term Care Insurance. See the [Additional Information](#) page.

State Farm Long-Term Care Insurance policy series 97062.

Date quoted: May 13, 2011

With Spousal Discount*

\$472.67 /mo**

\$2,836.00 /semi-annual

Semi-Annual Details

Base policy: \$ 1,804.00

Optional Benefit Riders

Non-Fortiture Benefit Rider: \$ 1,032.00

Semi-Annual: \$ 2,836.00

Without Spousal Discount*

\$725.80 /mo**

\$4,354.80 /semi-annual

Semi-Annual Details

Base policy: \$ 3,880.00

Optional Benefit Riders

Non-Fortiture Benefit Rider: \$ 1,474.80

Semi-Annual: \$ 4,354.80

* Spousal Discount is available in some states if your spouse is eligible and applies for Long-Term Care Insurance. Spousal includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union.

** An additional charge may be required if the monthly payment option is selected.

[Forward To An Agent](#)

General Information

[Edit](#)

State	AR
Date of birth	11/15/1955
Coverage type	Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75)

Coverage Information

[Edit](#)

Daily benefit	\$ 400
Benefit factor	5 years
Elimination period	30 days
Non-forfeiture benefit rider	Yes

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

Long-Term Care Insurance Disclaimer

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Figure 17: Additional Information

Long-Term Care Insurance Additional Information

Long-Term Care Insurance Additional Information

This is a Marketing tool intended for use in the sale of insurance. Completion of an application for a State Farm insurance policy will require contact with a State Farm insurance agent / insurance producer.

No medical exam is required.

This disclaimer provides a brief, general description of the coverage provided by this policy. It is not a contract and certain exclusions and limitations apply. A complete statement of the coverage provided is found only in the policy itself. Policy coverage's, exclusions and limitations may vary in some states.

For exact terms and conditions see: Long-Term Care Insurance policy series 97062.

Exclusions

We will not pay benefits when:

1. You are entitled to, receive, are owed, or paid any benefit for a condition or impairment for which there is or has been a settlement related to any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;
2. Your condition or impairment is the result of war, declared or undeclared;
3. Charges are otherwise subject to coverage by Medicare and Medicare deductible/coinsurance amounts, including benefits paid by other government programs, as required by law, with the exception of Medicaid. However, eligible Qualified Long-Term Care Services may be applied to the Elimination Period;
4. No charge is normally made in the absence of insurance;
5. Services are provided outside of the United States of America or its territories or possessions;
6. Your condition or impairment is brought about as a result of Your participation in a felony, riot, or insurrection; or an illegal occupation;
7. Your condition or impairment is brought about as a result of attempted suicide, while sane or insane, or intentionally self-inflicted injury;
8. Your condition or impairment is brought about as a result of Your alcoholism or drug addiction;
9. Services are provided by Your Family Member unless they are licensed as a physical, occupational, respiratory, or speech therapist, or a registered, licensed practical, or licensed vocational nurse providing services in the same state as licensed and operating under the structure and limitations of their license.

Pre-existing Condition Limitation

We will not pay for a loss due to a Pre-existing Condition which You did not disclose in the application unless the loss begins more than six (6) months after the Effective Date of Coverage. However, providing incorrect information may cause Your policy to be voided.

Grace Period

You are allowed a 65 day grace period for late payment of each premium due after the first premium. Your policy will remain in force during this period. If you do not pay your premium by the end of the grace period, your policy will terminate.

Guaranteed Renewable For Life – Premiums Subject To Change

Your policy will remain in effect during your lifetime as long as each premium is paid on time. We cannot cancel or refuse to renew your policy. We cannot change your policy without your consent. However, We may change the premium rates. Any change will apply to all policies in the same class as yours in the state where the policy was issued. We will notify you in writing 60 days before your premium changes. We provide a refund of unearned premium when We are notified of your death or you exercise your right to request cancellation.

If this policy replaces another Long-Term Care insurance policy, the six (6) month time period above is waived to the extent it has been satisfied under the replaced policy.

Your policy is intended to be federally tax qualified.

IH-ARAdditionalInfo

Close

SERFF Tracking Number: SFCM-128395081 State: Arkansas
Filing Company: State Farm Mutual Automobile Insurance State Tracking Number:
Company
Company Tracking Number: IH-LTARGI.3
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Partnership Long Term Care Rate Quote
Project Name/Number: Partnership Long Term Care Rate Quote/IH-LTARGI.3

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Partnership Long Term Care Rate Quote for AR	Filed	Date: 05/31/2012

Comments:

Please see attached form.

Attachment:

AR Filing.pdf

Figure 1: Welcome Screen

[Home](#) ▶ [Insurance](#) ▶ [Quotes](#) ▶ Long-Term Care Insurance Rate Quote - State Farm

State Farm Mutual Automobile Insurance Company

Long-Term Care Insurance



Get a Long-Term Care Insurance Quote

The Long-Term Care Insurance Protection You Need

Getting a Long-Term Care Insurance rate quote from State Farm to help pay for the care you need when you can no longer care for yourself.

Get A Quote

Getting your State Farm **Long-Term Care Insurance** quote is simple. Here's what you need to know:

- It takes only a few minutes.
- We'll be asking for basic information like date of birth and coverage preferences.
- After you finish the quote, you can forward your information to a State Farm agent / insurance producer to discuss the next steps.
- At this time, we don't offer **Long-Term Care Insurance** coverage in MA, NJ, RI (U.S.) or in AB, NB, ON (Canada).

NAIC# 25178
ICC11IH-LTCWELC

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Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. If the information used to generate this example changes, or different rates are effective at the time of policy issuance, this rate quote may be revised. Premium rates are subject to change and may be increased, and any rate changes would apply to all policies in the same class in the state where the policy is issued. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent / insurance producer for further details.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

General Information Screens

Figure 2: Five Coverage Type Options

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 61 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with No Inflation Protection (ages 75 thru 79)

For more detailed information, please read the [Additional Information](#) page.

Outline of Coverage

Review the [Outline of Coverage](#). This provides detailed information about the Long-Term Care Insurance policy.

I have been given the opportunity to review the [Outline of Coverage](#) document for this product prior to obtaining a rate quote.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

[◀ Previous](#)

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Long-Term Care Insurance Disclaimer

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NAIC# 25178
IH-LTARGI.3

Figure 3: Glossary: Long-Term Care Insurance with No Inflation Protection (ages 30-75)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 30 through 75. <input type="radio"/> Automatic inflation protection is not included in this policy, however, it does include a Future Purchase Option that is available at specified ages. This option allows you to increase your maximum daily benefit at an additional cost. <input type="radio"/> This policy does not provide Partnership program "asset disregard" in determining Medicaid eligibility as defined by your state.

For more detailed information, please read the [Addit](#)

Outline of Coverage

Review the [Outline of Coverage](#). This provides detailed information about the Long-Term Care Insurance policy.

I have been given the opportunity to review the [Outline of Coverage](#) document for this product prior to obtaining a rate quote.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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Find an Agent



Choose a State to be your cc for this quote ready with tr professional advice.

[Choose Your Agent](#)

Figure 4: Glossary: Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance with Enhanced Inflation Protection (ages 30 thru 60)

For more detailed information, please read the [Addit](#)

Outline of Coverage

Review the [Outline of Coverage](#). This provides c

I have been given the opportunity to review a rate quote.

The purpose of this communication is the solicitation of a policy from the producer or insurance company.

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Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60)

Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 30 through 79.

This policy qualifies as a Long-Term Care Insurance Partnership Program policy. This means that an amount of your assets equal to the dollar amount of long-term care insurance benefits paid under this policy will be disregarded for purposes of determining your eligibility for Medicaid, as defined by your state.

Compound Automatic Increase Benefit increases your previous Maximum Daily Benefit and your remaining Maximum Lifetime Benefit by 5% on each policy anniversary to help your coverage keep pace with rising costs of services. This is the required amount of inflation protection available for applicants aged 30 through 60 to help your coverage keep pace with rising costs of services.

See the Outline of Coverage for a complete description of benefits and limitations.

Find an Agent



Choose a location to be you for this quote ready with professional advice.

[Choose Your Agent](#)

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

NAIC# 25178
IH-LTARGI.3

Figure 5: Glossary: Long-Term Care Insurance-Partnership with Compound Inflation Protection (ages 30 thru 79)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with No Inflation Protection (ages 30 thru 75)

For more detailed information, please read the [Additional Information](#).

Outline of Coverage

Review the [Outline of Coverage](#). This provides details on the benefits and limitations of this policy.

I have been given the opportunity to review this rate quote.

The purpose of this communication is the solicitation of business by the insurance producer or insurance company.

[← Previous](#)

Long-Term Care Insurance Disclaimer

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NAIC# 25178
IH-LTARG1.3

Find an Agent



Choose a location to be your agent for this quote. Ready with professional advice.

Choose Your Agent

Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79)

Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 30 through 79.

This policy qualifies as a Long-Term Care Insurance Partnership Program policy. This means that an amount of your assets equal to the dollar amount of long-term care insurance benefits paid under this policy will be disregarded for purposes of determining your eligibility for Medicaid, as defined by your state.

Compound Automatic Increase Benefit increases your previous Maximum Daily Benefit and your remaining Maximum Lifetime Benefit by 5% on each policy anniversary to help your coverage keep pace with rising costs of services. This is the required amount of inflation protection available for applicants aged 30 through 60 to help your coverage keep pace with rising costs of services.

See the Outline of Coverage for a complete description of benefits and limitations.

Figure 6: Glossary: Long-Term Care Insurance-Partnership with Simple Inflation Protection (ages 61 thru 79)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 61 thru 79)

For more detailed information, please read the [Additional Information](#).

Outline of Coverage

Review the [Outline of Coverage](#). This provides details on the benefits and limitations of this policy.

I have been given the opportunity to review the Outline of Coverage and agree to a rate quote.

The purpose of this communication is the solicitation of business for the insurance producer or insurance company.

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Long-Term Care Insurance Disclaimer

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NAIC# 25178
IH-LTARGI.3

Find an Agent



Choose a location to be your agent for this quote. You are ready with professional advice.

[Choose Your Agent](#)

Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 61 thru 79)

Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 61 through 79.

This policy qualifies as a Long-Term Care Insurance Partnership Program policy. This means that an amount of your assets equal to the dollar amount of long-term care insurance benefits paid under this policy will be disregarded for purposes of determining your eligibility for Medicaid, as defined by your state.

Simple Automatic Increase benefit increases the maximum Daily Benefit by 5% of the original amount and the remaining Maximum Lifetime Benefit amount increases on a proportional amount on each policy anniversary. This is the required amount of inflation protection available for applicants aged 61 through 75 to help your coverage keep pace with rising costs of services.

See the Outline of Coverage for a complete description of benefits and limitations.

Figure 7: Glossary: Long-Term Care Insurance-Partnership with No Inflation Protection (ages 76 thru 79)

General Information

To get the most accurate rate quote, please answer all the questions completely.

State	AR
Are you a current State Farm customer?	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	MM / DD / YYYY
<p>Please Note: The premiums for long-term care insurance are based on a number of factors, including your age. Waiting until after your next birthday to purchase long-term care insurance may result in higher premiums.</p>	
Coverage type	<input type="radio"/> Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75) <input type="radio"/> Long-Term Care Insurance with Simple Inflation Protection (ages 30 thru 60) <input type="radio"/> Long-Term Care Insurance - Partnership with Compound Inflation Protection (ages 30 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with Simple Inflation Protection (ages 61 thru 79) <input type="radio"/> Long-Term Care Insurance - Partnership with No Inflation Protection (ages 76 thru 79)

For more detailed information, please read the [Additional Information](#).

Outline of Coverage

Review the [Outline of Coverage](#). This provides details on the policy.

I have been given the opportunity to review the Outline of Coverage and a rate quote.

The purpose of this communication is the solicitation of insurance from the producer or insurance company.

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Long-Term Care Insurance - Partnership with No Inflation Protection (ages 76 thru 79)

Insurance coverage for qualified long-term care services you may use when certified as Chronically Ill and need assistance to care for yourself. It is available for ages 76 through 79.

This policy qualifies as a Long-Term Care Insurance Partnership Program policy. This means that an amount of your assets equal to the dollar amount of long-term care insurance benefits paid under this policy will be disregarded for purposes of determining your eligibility for Medicaid, as defined by your state.

No inflation protection is provided by this policy or required for applicants aged 76 through 79.

See the Outline of Coverage for a complete description of benefits and limitations.

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

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IH-LTARGI.3

Find an Agent



Choose a location to be you for this quote ready with professional advice.

Choose Your Agent

Coverage Information Screen

Figure 8: Coverage Information

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select the number of years your policy will provide benefits, known as the benefit factor .	<input type="text"/>
Select a period of time for which you receive covered qualified Long-Term Care services before payment begins, known as the elimination period .	<input type="radio"/> 30 days <input type="radio"/> 90 days <input type="radio"/> 180 days
To have coverage continue if premiums are not paid subject to certain restrictions, select the non-forfeiture benefit rider .	<input type="radio"/> Yes <input type="radio"/> No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
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Figure 9: Glossary: Daily Benefit

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select provide factor .	Daily Benefit The amount of benefit payable for each day of covered expense.
Select covered before elimin .	You should select an amount that is equal to or greater than the average cost of care in the area you expect to receive care. Your State Farm agent can help you select the appropriate daily benefit. Selecting a higher daily benefit will increase your premium.
To have coverage continue if premiums are not paid subject to certain restrictions, select the non-forfeiture benefit rider .	<input checked="" type="radio"/> Yes <input type="radio"/> No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
IH-LTARC12.4

Figure 10: Glossary: Benefit Factor

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the **daily benefit** amount.

Select the number of years your policy will provide benefits, known as the **benefit factor**.

Select a period of time for which covered qualified Long-Term Care before payment begins, known as **elimination period**.

To have coverage continue if premium not paid subject to certain restrictions, select the **non-forfeiture benefit**.

Benefit Factor

The length of time this policy will provide benefits.

This factor is used to determine the maximum amount payable by your policy for all benefits.

Selecting a longer Benefit Factor will increase your premium.

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
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Figure 11: Glossary: Elimination Period

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select
as the

Elimination Period

This is similar to a deductible or waiting period. It is the number of days in which you receive qualified long-term care services before the policy begins to pay benefits. You will be responsible for paying long-term care services during the Elimination Period.

Select
provide
factor.

Select
covered

Selecting a shorter Elimination Period will increase your premium.

before payment begins, known as the
elimination period.

180 days

To have coverage continue if premiums are
not paid subject to certain restrictions,
select the **non-forfeiture benefit rider.**

Yes

No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
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Figure 12: Glossary: Non-Forfeiture Benefit Rider

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select the number of years your policy will provide benefits, known as factor .	<input type="text"/>
Select a period of time for covered qualified Long-Term Care before payment begins, elimination period .	<input type="text"/>
To have coverage continue if premiums are not paid subject to certain conditions, select the non-forfeiture benefit rider .	<input type="text"/>

Non-Forfeiture Benefit Rider

This rider provides continuation of coverage if you stop paying premiums for your Long-Term Care Insurance policy subject to certain conditions.

Selecting the Nonforfeiture Benefit may substantially increase your premium.

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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Rate Quote Screen

Figure 13: Preferred

Long-Term Care - Your Quote

Preferred

Select

Preferred

Thank you for your interest in Long-Term Care Insurance.

This is a no obligation rate quote. There are factors that may affect your eligibility for Long-Term Care Insurance. For more detailed information, please read the [Additional Information](#) page.

For exact terms and conditions see: Long-Term Care Insurance policy series 97062.

Date quoted: May 15, 2011

With Spousal Discount*

\$236.25 /mo**

\$1,417.50 /semi-annual

Semi-Annual Details

Base policy: \$ 1,015.00

Optional Benefit Riders

Non-Forfeiture Benefit Rider: \$ 402.50

Semi-Annual: \$ 1,417.50

Without Spousal Discount*

\$420.67 /mo**

\$2,524.00 /semi-annual

Semi-Annual Details

Base policy: \$ 1,880.00

Optional Benefit Riders

Non-Forfeiture Benefit Rider: \$ 644.00

Semi-Annual: \$ 2,524.00

* Spousal Discount is available in some states if your spouse is eligible and applies for Long-Term Care Insurance. Spousal includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union.

** An additional charge may be required if the monthly payment option is selected.

[Forward To An Agent](#)

General Information

[Edit](#)

State	AR
Date of birth	11/15/1955
Coverage type	Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75)

Coverage Information

[Edit](#)

Daily benefit	\$ 400
Benefit factor	5 years
Elimination period	30 days
Non-forfeiture benefit rider	Yes

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

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Figure 14: Glossary: Preferred

Long-Term Care - Your Quote

Preferred **Select**

Preferred

Preferred

A preferred rating class is available to those who qualify. The final rate classification will be determined by underwriting based on all insurability factors. Some of the factors considered in the determination are:

- height and weight
- medical history
- tobacco use

\$236.25 /mo**
\$1,417.50 /semi-annual

Semi-Annual Details

Base policy: \$ 1,015.00
Optional Benefit Riders
 Non-Forfeiture Benefit Rider: \$ 402.50
Semi-Annual: \$ 1,417.50

\$420.67 /mo**
\$2,524.00 /semi-annual

Semi-Annual Details

Base policy: \$ 1,880.00
Optional Benefit Riders
 Non-Forfeiture Benefit Rider: \$ 644.00
Semi-Annual: \$ 2,524.00

* Spousal Discount is available in some states if your spouse is eligible and applies for Long-Term Care Insurance. Spousal includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union.

** An additional charge may be required if the monthly payment option is selected.

[Forward To An Agent](#)

General Information

[Edit](#)

State	AR
Date of birth	11/15/1955
Coverage type	Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75)

Coverage Information

[Edit](#)

Daily benefit	\$ 400
Benefit factor	5 years
Elimination period	30 days
Non-forfeiture benefit rider	Yes

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

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Figure 15: Select

Long-Term Care - Your Quote

Preferred **Select**

Select

Thank you for your interest in Long-Term Care Insurance.

This is a no obligation rate quote. There are factors that may affect your eligibility for Long-Term Care Insurance. For more detailed information, please read the [Additional Information](#) page.

For exact terms and conditions see: Long-Term Care Insurance policy series 97062.

Date quoted: May 15, 2011

With Spousal Discount*

\$472.67 /mo**
\$2,836.00 /semi-annual

Semi-Annual Details

Base policy: \$ 1,804.00

Optional Benefit Riders

Non-Forfeiture Benefit Rider: \$ 1,032.00

Semi-Annual: \$ 2,836.00

Without Spousal Discount*

\$725.80 /mo**
\$4,354.80 /semi-annual

Semi-Annual Details

Base policy: \$ 3,880.00

Optional Benefit Riders

Non-Forfeiture Benefit Rider: \$ 1,474.80

Semi-Annual: \$ 4,354.80

* Spousal Discount is available in some states if your spouse is eligible and applies for Long-Term Care Insurance. Spousal includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union.

** An additional charge may be required if the monthly payment option is selected.

[Forward To An Agent](#)

General Information

[Edit](#)

State	AR
Date of birth	11/15/1955
Coverage type	Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75)

Coverage Information

[Edit](#)

Daily benefit	\$ 400
Benefit factor	5 years
Elimination period	30 days
Non-forfeiture benefit rider	Yes

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

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Figure 16: Glossary: Select

Long-Term Care - Your Quote

Preferred

Select

Select

Select

Insurable applicants who do not qualify for the Preferred rate will receive the Select rate.

Factors that affect your rate in Long-Term Care Insurance.

Several factors that may affect your eligibility for Long-Term Care Insurance. See the [Additional Information](#) page.

State Farm Long-Term Care Insurance policy series 97062.

Date quoted: May 13, 2011

With Spousal Discount*

\$472.67 /mo**

\$2,836.00 /semi-annual

Semi-Annual Details

Base policy: \$ 1,804.00

Optional Benefit Riders

Non-Fortiture Benefit Rider: \$ 1,032.00

Semi-Annual: \$ 2,836.00

Without Spousal Discount*

\$725.80 /mo**

\$4,354.80 /semi-annual

Semi-Annual Details

Base policy: \$ 3,880.00

Optional Benefit Riders

Non-Fortiture Benefit Rider: \$ 1,474.80

Semi-Annual: \$ 4,354.80

* Spousal Discount is available in some states if your spouse is eligible and applies for Long-Term Care Insurance. Spousal includes: Lawfully married individuals, or partners to a legally recognized domestic partnership or civil union.

** An additional charge may be required if the monthly payment option is selected.

Forward To An Agent

General Information

Edit

State	AR
Date of birth	11/15/1955
Coverage type	Long-Term Care Insurance with No Inflation Protection (ages 30 thru 75)

Coverage Information

Edit

Daily benefit	\$ 400
Benefit factor	5 years
Elimination period	30 days
Non-forefeiture benefit rider	Yes

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

Long-Term Care Insurance Disclaimer

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm agent for further details.

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Figure 17: Additional Information

Long-Term Care Insurance Additional Information

Long-Term Care Insurance Additional Information

This is a Marketing tool intended for use in the sale of insurance. Completion of an application for a State Farm insurance policy will require contact with a State Farm insurance agent / insurance producer.

No medical exam is required.

This disclaimer provides a brief, general description of the coverage provided by this policy. It is not a contract and certain exclusions and limitations apply. A complete statement of the coverage provided is found only in the policy itself. Policy coverage's, exclusions and limitations may vary in some states.

For exact terms and conditions see: Long-Term Care Insurance policy series 97062.

Exclusions

We will not pay benefits when:

1. You are entitled to, receive, are owed, or paid any benefit for a condition or impairment for which there is or has been a settlement related to any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;
2. Your condition or impairment is the result of war, declared or undeclared;
3. Charges are otherwise subject to coverage by Medicare and Medicare deductible/coinsurance amounts, including benefits paid by other government programs, as required by law, with the exception of Medicaid. However, eligible Qualified Long-Term Care Services may be applied to the Elimination Period;
4. No charge is normally made in the absence of insurance;
5. Services are provided outside of the United States of America or its territories or possessions;
6. Your condition or impairment is brought about as a result of Your participation in a felony, riot, or insurrection; or an illegal occupation;
7. Your condition or impairment is brought about as a result of attempted suicide, while sane or insane, or intentionally self-inflicted injury;
8. Your condition or impairment is brought about as a result of Your alcoholism or drug addiction;
9. Services are provided by Your Family Member unless they are licensed as a physical, occupational, respiratory, or speech therapist, or a registered, licensed practical, or licensed vocational nurse providing services in the same state as licensed and operating under the structure and limitations of their license.

Pre-existing Condition Limitation

We will not pay for a loss due to a Pre-existing Condition which You did not disclose in the application unless the loss begins more than six (6) months after the Effective Date of Coverage. However, providing incorrect information may cause Your policy to be voided.

Grace Period

You are allowed a 65 day grace period for late payment of each premium due after the first premium. Your policy will remain in force during this period. If you do not pay your premium by the end of the grace period, your policy will terminate.

Guaranteed Renewable For Life – Premiums Subject To Change

Your policy will remain in effect during your lifetime as long as each premium is paid on time. We cannot cancel or refuse to renew your policy. We cannot change your policy without your consent. However, We may change the premium rates. Any change will apply to all policies in the same class as yours in the state where the policy was issued. We will notify you in writing 60 days before your premium changes. We provide a refund of unearned premium when We are notified of your death or you exercise your right to request cancellation.

If this policy replaces another Long-Term Care insurance policy, the six (6) month time period above is waived to the extent it has been satisfied under the replaced policy.

Your policy is intended to be federally tax qualified.

IH-ARAdditionalInfo

Close

SERFF Tracking Number: SFCM-128395081 State: Arkansas
 Filing Company: State Farm Mutual Automobile Insurance State Tracking Number:
 Company
 Company Tracking Number: IH-LTARGI.3
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
 Product Name: Partnership Long Term Care Rate Quote
 Project Name/Number: Partnership Long Term Care Rate Quote/IH-LTARGI.3

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/22/2012	Form	Coverage Information page	05/31/2012	IH-LTARCI2.4.pdf (Superseded)

Figure 10: Glossary: Benefit Factor

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the **daily benefit** amount.

Select the number of years your policy will provide benefits, known as the **benefit factor**.

Select a period of time for which covered qualified Long-Term Care before payment begins, known as **elimination period**.

To have coverage continue if premium not paid subject to certain restrictions, select the **non-forfeiture benefit**.

Benefit Factor

The length of time this policy will provide benefits.

This factor is used to determine the maximum amount payable by your policy for all benefits.

Selecting a longer Benefit Factor will increase your premium.

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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Figure 11: Glossary: Elimination Period

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select
as the

Elimination Period

This is similar to a deductible or waiting period. It is the number of days in which you receive qualified long-term care services before the policy begins to pay benefits. You will be responsible for paying long-term care services during the Elimination Period.

Select
provide
factor.

Select
covered

Selecting a shorter Elimination Period will increase your premium.

before payment begins, known as the
elimination period.

180 days

To have coverage continue if premiums are
not paid subject to certain restrictions,
select the **non-forfeiture benefit rider.**

Yes

No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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Figure 12: Glossary: Non-Forfeiture Benefit Rider

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select the number of years your policy will provide benefits, known as factor .	<input type="text"/>
Select a period of time for covered qualified Long-Term Care before payment begins, elimination period .	<input type="text"/>
To have coverage continue if premiums are not paid subject to certain conditions, select the non-forfeiture benefit rider .	<input type="text"/>

Non-Forfeiture Benefit Rider

This rider provides continuation of coverage if you stop paying premiums for your Long-Term Care Insurance policy subject to certain conditions.

Selecting the Nonforfeiture Benefit may substantially increase your premium.

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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Coverage Information Screen

Figure 8: Coverage Information

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select the number of years your policy will provide benefits, known as the benefit factor .	<input type="text"/>
Select a period of time for which you receive covered qualified Long-Term Care services before payment begins, known as the elimination period .	<input type="radio"/> 30 days <input type="radio"/> 90 days <input type="radio"/> 180 days
To have coverage continue if premiums are not paid subject to certain restrictions, select the non-forfeiture benefit rider .	<input type="radio"/> Yes <input type="radio"/> No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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NAIC# 25178
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Figure 9: Glossary: Daily Benefit

Coverage Information

To get the most accurate rate quote, please answer all the questions completely.

Select the daily amount to be paid, known as the daily benefit amount.	<input type="text"/>
Select provide factor .	Daily Benefit The amount of benefit payable for each day of covered expense.
Select covered before elimin .	You should select an amount that is equal to or greater than the average cost of care in the area you expect to receive care. Your State Farm agent can help you select the appropriate daily benefit. Selecting a higher daily benefit will increase your premium.
To have coverage continue if premiums are not paid subject to certain restrictions, select the non-forfeiture benefit rider .	<input checked="" type="radio"/> Yes <input type="radio"/> No

For more detailed information, please read the [Additional Information](#) page.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent / insurance producer or insurance company.

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