

SERFF Tracking Number: AMGN-128518463 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: RPT-LTC 2011  
Company Tracking Number:  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: LTC Claims Denial Report  
Project Name/Number: /

## Filing at a Glance

Company: American General Life Insurance Company

Product Name: LTC Claims Denial Report SERFF Tr Num: AMGN-128518463 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: State Status: Closed-Accepted for  
Informational Purposes

Filing Type: Form

Author: Fontreia James Reviewer(s): Donna Lambert  
Date Submitted: 06/26/2012 Disposition Date: 06/27/2012  
Disposition Status: Accepted For  
Informational Purposes  
Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Fontreia James

Filing Description:

Long Term Claims Denial Report

State Narrative:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/27/2012

State Status Changed: 06/27/2012

Created By: Fontreia James

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

Fontreia James, Senior Compliance Analyst fortreia.james@aglife.com  
2727-A Allen Parkway, Mail Stop 2-G7 713-831-8769 [Phone]  
Houston, TX 77019 713-831-1050 [FAX]

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### Filing Company Information

American General Life Insurance Company CoCode: 60488 State of Domicile: Texas  
2727-A Allen Parkway Group Code: 12 Company Type:  
Houston, TX 77019 Group Name: AIG State ID Number:  
(713) 831-3508 ext. [Phone] FEIN Number: 25-0598210  
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### Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$0.00	06/26/2012	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/27/2012	06/27/2012

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## Disposition

Disposition Date: 06/27/2012

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		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Long Term Care Claims Denial Report	Accepted for Informational Purposes	No

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> n/a <b>Comments:</b>		
<b>Satisfied - Item:</b> Long Term Care Claims Denial Report <b>Comments:</b> <b>Attachment:</b> AR.pdf	Accepted for Informational Purposes	06/27/2012

**Claims Denial Reporting Form  
Long-Term Care Insurance**

For the State of: AR  
For the Reporting Year of: 2011

Company Name: American General Life Insurance Company

Due: June 30 annually

Company Address: 2727-A Allen Pkwy, Houston, TX 77019

Company NAIC Number: 60488

Contact Person: Fontreia James

Phone Number: 713-831-8796

Line of Business:  Individual  Group

**Instructions:** The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

Per Claimant – counts each individual who makes one or a series of claim requests.

Per Transaction – counts each claim payment request.

" 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. It does not include a request for payment that is in excess of the applicable contractual limits.

<u>Inforce Data</u>		State Data	Nationwide Data <sup>1</sup>
	Total Number of Inforce Policies [Certificates] as of December 31st	2	257
<u>Claims &amp; Denial Data</u>		State Data	Nationwide Data <sup>1</sup>
1	Total Number of Long-Term Care Claims Reported	0	273
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	207
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	4
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	203
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	NA	74.36
7	Number of Long-Term Care Claim Denied due to:		
8	• Long-Term Care Services Not Covered under the Policy <sup>2</sup>	0	24
9	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	5
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	0
11	• Other	0	174

<sup>1</sup> 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.

<sup>2</sup> Example—home health care claim filed under a nursing home only policy.

<sup>3</sup> Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

<sup>4</sup> Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.