

SERFF Tracking Number: META-128515819 State: Arkansas
Filing Company: TIAA-CREF Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number: CY 2011 ANNUAL REPORTS DUE 2012_TC LIFE (CC)
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: LTCI Annual Reports/I12-02

Filing at a Glance

Company: TIAA-CREF Life Insurance Company

Product Name: Long Term Care

TOI: LTC06 Long Term Care - Other

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

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: META-128515819 State: Arkansas

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

For Informational Purposes

Co Tr Num: CY 2011 ANNUAL
REPORTS DUE 2012_TC LIFE
(CC)

Authors: Cherise Crittenden,
Andrea DeAlmeida

Date Submitted: 06/28/2012

State Status: Closed-Accepted for
Informational Purposes

Reviewer(s): Donna Lambert

Disposition Date: 06/28/2012

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

General Information

Project Name: LTCI Annual Reports

Project Number: I12-02

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 06/28/2012

State Status Changed: 06/28/2012

Created By: Cherise Crittenden

Corresponding Filing Tracking Number:

Filing Description:

Annual Compliance Reports, please see cover letter.

State Narrative:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Cherise Crittenden

Company and Contact

Filing Contact Information

Cherise Crittenden, Consultant-Compliance ccrittenden@metlife.com

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MKTG

57 Green Farms Road 203-221-6594 [Phone]
 Westport, CT 06880

Filing Company Information

TIAA-CREF Life Insurance Company	CoCode: 60142	State of Domicile: New York
730 Third Avenue	Group Code:	Company Type:
New York, NY 10017	Group Name:	State ID Number:
(212) 578-2944 ext. 2944[Phone]	FEIN Number: 13-3917848	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TIAA-CREF Life Insurance Company	\$0.00	06/28/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/28/2012	06/28/2012

SERFF Tracking Number: *META-128515819* *State:* *Arkansas*
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Disposition

Disposition Date: 06/28/2012

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	Cover Letter	Accepted for Informational Purposes	No
Supporting Document	Denied Claims	Accepted for Informational Purposes	No
Supporting Document	Lapse & Replacements	Accepted for Informational Purposes	No
Supporting Document	Suitability	Accepted for Informational Purposes	No

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not applicable for this filing Comments:		
Bypassed - Item: Application Bypass Reason: Not applicable for this filing Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable for this filing Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable for this filing Comments:		
Satisfied - Item: Cover Letter Comments: Attached is the Cover Letter Attachment: AR_Denied Claims Cover Letter due June 2012 for CY2011_TC-Life.pdf	Accepted for Informational Purposes	06/28/2012

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Satisfied - Item: Denied Claims
Item Status: Accepted for Informational Purposes
Status Date: 06/28/2012

Comments:
Attached is the Denied Claims
Attachment:
AR_Denied Claims Report due June 2012 for CY2011_TC-Life.pdf

Satisfied - Item: Lapse & Replacements
Item Status: Accepted for Informational Purposes
Status Date: 06/28/2012

Comments:
Attached is the Lapse & Replacements
Attachment:
AR_Lapse & Replacement Report due June 2012 for CY2011_TC-Life.pdf

Satisfied - Item: Suitability
Item Status: Accepted for Informational Purposes
Status Date: 06/28/2012

Comments:
Attached is the Suitability
Attachment:
AR_Suitability Report due June 2012 for CY2011_TC-Life.pdf



Metropolitan Life Insurance Company
Long-Term Care
PO Box 937, Westport, CT 06881-0937

June 30, 2012

The Honorable Jay Bradford
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as administrator for TIAA-CREF Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2011:

- Denied Claims
- Lapse & Replacements
- Suitability

A handwritten signature in black ink, reading "Thomas G. Reilly". The signature is written in a cursive, flowing style.

Thomas G. Reilly
Director of Product Management & Compliance

Enclosure(s)

**CLAIMS DENIAL REPORTING FORMS
LONG-TERM CARE INSURANCE**

**FOR THE STATE OF ARKANSAS
FOR THE REPORTING YEAR OF 2011**

Due 2012

Company Name: Metropolitan Life Insurance Company as **Due:** June 30 annually
Administrator for TIAA-CREF Life Insurance Company

Company Address: 57 Green Farms Road, Westport, CT 06880 **Phone Number:** (203) 221-6553
P.O. Box 937, Westport, CT 06881-9909
(for mailing only)

Company NAIC

Number: 60142

Contact Person: Thomas G. Reilly

Line of Business: Individual

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 request

"Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include claims that are duplicate submissions and were paid as a prior claim.

		STATE DATA	NATIONWIDE DATA ¹
1.	Total Number of Long-Term Care Claim Reported	30	1893
2.	Total Number of Long-Term Care Claims Denied/Not Paid	3	252
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting <i>(Elimination)</i> Period not met	3	106
5.	Net Number of Long-Term Care Claims Denied for Reporting	0	146

	purposes (<i>Line 2, Minus Line 3, Minus Line 4</i>)		
6.	Percentage of Long-Term Case Claim Denied of Those Reported (<i>Line 5 divided by Line 1</i>)	0.00%	7.71%
7.	Number Long-Term Care Claims Denied due to:		
8.	• Long-term Care Services Not Covered under the Policy ²	0	12
9.	• Provider/Facility Not Qualified under the Policy ³	0	16
10.	• Benefit Eligibility Criteria Not Met ⁴	0	20
11.	• Other ⁵	0	98

1. 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.
2. Example – home health care claim filed under a nursing home only policy.
3. Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
5. Examples – Maximum lifetime benefit reached, services paid under another insurance.

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of Arkansas

For the Reporting Year of 2011

Company Name: Metropolitan Life Insurance Company
As administrator for TIAA-Cref Life Insurance
Company Address: Long-Term Care Group
57 Greens Farms Road
Westport, CT 06880
Contact Person: Thomas G. Reilly, Director of Product Management & Compliance

Due: June 30th annually, June 2012
Company NAIC Number: **60142**
Phone Number: (203) 221-6553

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold by this Agent	Number of Policies Replaced by this Agent	Number of Replacements as % of Number Sold by this Agent
N/A			

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold by this Agent	Number of Policies Lapsed by this Agent	Number of Lapses as % of Number Sold by this Agent
N/A			

Company Totals: (Individual & Group Business)

Percentage of Replacement Policies Sold to Total Annual Sales 0.00%
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.00%
 Percentage of Lapsed Policies Sold to Total Annual Sales 0.00%
 Percentage of Lapsed Policies Sold to Policies In Force (as of the end of the preceding calendar year) 1.59%

