

SERFF Tracking Number: MUTM-128483073 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number: RICK MAPES
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Annual Reports - U
Project Name/Number: LTC Annual Reports/

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: LTC Annual Reports - U

SERFF Tr Num: MUTM-128483073 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: RICK MAPES

State Status: Closed-Accepted for Informational Purposes

Filing Type: Form

Reviewer(s): Donna Lambert

Author: Shelly Kaipust

Disposition Date: 06/25/2012

Date Submitted: 06/15/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: LTC Annual Reports

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Shelly Kaipust

Filing Description:

June 15, 2012

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/25/2012

State Status Changed: 06/25/2012

Created By: Shelly Kaipust

Corresponding Filing Tracking Number:

Arkansas Department of Insurance

Attn: Compliance - Life & Health

1200 West Third Street

Little Rock, AR 72201-1904

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RE: Annual Long Term Care Claim Denial and Sales, Lapse & Replacement Reports

Attached are annual LTC Claim Denial and Sales, Lapse & Replacement reports for calendar year 2011.

This information is being submitted on behalf of United of Omaha Life Insurance Company (NAIC #69868).

Please contact me if you have any questions.

Sincerely,

Rick Mapes FLMI, ACS
Senior Regulatory Issues Analyst
Corporate Compliance and Ethics Division
Phone: 402-351-2642
Fax: 402-351-5298
Email: rick.mapes@mutualofomaha.com

Attachments:
AR LTC Sales, Lapse & Replacement 2011 United

State Narrative:

Company and Contact

Filing Contact Information

Michelle Kaipust, Senior Policy Drafting and Regulatory Assistant
shelly.kaipust@mutualofomaha.com
Mutual of Omaha 402-351-8391 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska
Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance
Omaha, NE 68175 Group Name: State ID Number:
(402) 351-6910 ext. [Phone] FEIN Number: 47-0322111

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$0.00	06/15/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/25/2012	06/25/2012

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Disposition

Disposition Date: 06/25/2012

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	LTC Claims Denial Report	Accepted for Informational Purposes	No
Supporting Document	LTC Lapse & Replacement Report	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 LTC Annual Report. Comments:		
Bypassed - Item: Application Bypass Reason: Not applicable for this LTC Annual Report. Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable for this LTC Annual Report. Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable for this LTC Annual Report. Comments:		
Satisfied - Item: LTC Claims Denial Report Comments: Attachment: AR United LTC 2011 Denials.pdf	Accepted for Informational Purposes	06/25/2012

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	Item Status:	Status
Satisfied - Item: LTC Lapse & Replacement Report	Accepted for Informational Purposes	Date: 06/25/2012

Comments:

Attachment:

United_Arkansas.pdf

Claims Denial Reporting Form Long-Term Care Insurance

**For the State of Arkansas
Reporting Year of 2011**

Company Name: United of Omaha Life Insurance Company Due: June 30 annually
 Company Address: Mutual of Omaha Plaza, Omaha, NE 68175
 Company NAIC Number: 261-69868
 Contact Person: Rick Mapes Phone Number: (402) 351-2642

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

[] Per Claimant – counts each individual who makes one or a series of claim requests.
 [X] Per Transaction – counts each claim payment request.

<u>Inforce Data</u>			
		State Data	Nationwide Data ¹
Total Number of Inforce Policies [Certificates] as of December 31st		146	23,773
<u>Claims & Denial Data</u>			
		State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	0	162
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	27
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	10
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	17
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	10%
7	Number of Long-Term Care Claim Denied due to:		
8	• Long-Term Care Services Not Covered under the Policy ²	0	9
9	• Provider/Facility Not Qualified under the Policy ³	0	3
10	• Benefit Eligibility Criteria Not Met ⁴	0	1
11	• Other	0	4

¹ The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied in 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 Example - a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

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

For the State of ARKANSAS

For the Reporting Year of 2011

Company Name: **United of Omaha Life Insurance Company**
 Company Address: **Mutual of Omaha Plaza, Omaha, NE 68175**
 Contact Person: **Rick Mapes**

Due: June 30 Annually
 Company NAIC Number: **261-69868**
 Phone Number: **(402)351-2642**

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 Replacement

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

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
ALICE ROBB	6	1	17%

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales **0%**
 Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) **0%**
 Percentage of Lapsed Policies to Total Annual Sales **2%**
 Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) **1%**