

SERFF Tracking Number: UNAM-128479008 State: Arkansas  
Filing Company: Union Bankers 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 - 2011  
Project Name/Number: /

## Filing at a Glance

Company: Union Bankers Insurance Company

Product Name: LTC Claims Denial Report - 2011 SERFF Tr Num: UNAM-128479008 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: RPT-LTC 2011

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed-Accepted for Informational Purposes

Filing Type: Form

Author: Holly Parenti

Date Submitted: 06/14/2012

Reviewer(s): Donna Lambert

Disposition Date: 06/14/2012

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:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/14/2012

State Status Changed: 06/14/2012

Created By: Holly Parenti

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Holly Parenti

Filing Description:

Enclosed is a copy of the Claims Denial Reporting Form Long-Term Care Insurance for the reporting year 2011.

Should you have any questions, please contact me at 407-444-4522, or toll free at 1-800-538-1053 ext. 4104522 or hparenti@universalamerican.com.

Thank You

Holly Parenti

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State Narrative:

## Company and Contact

### Filing Contact Information

Holly Parenti, hparenti@universalamerican.com  
 P.O. Box 958465 407-444-4522 [Phone]  
 Lake Mary, FL 32795-8465

### Filing Company Information

Union Bankers Insurance Company	CoCode: 69701	State of Domicile: Texas
1001 Heathrow Park Lane	Group Code: 953	Company Type:
Suite 5001	Group Name:	State ID Number:
Lake Mary, FL 32746	FEIN Number: 75-0860066	
(407) 995-8000 ext. [Phone]		

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Bankers Insurance Company	\$0.00	06/14/2012	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/14/2012	06/14/2012

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## Disposition

Disposition Date: 06/14/2012

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

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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>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	LTC Claims Denial Reporting Form	Accepted for Informational Purposes	06/14/2012
<b>Comments:</b>			
<b>Attachment:</b>			
LTC Claims Denial Report - AR - UB.pdf			

## Claims Denial Reporting Form Long-Term Care Insurance

For the State of Arkansas

For the Reporting Year of 2011  
Due: June 30 annually

Company Name: Union Bankers Ins. Co

Company Address: 1001 Heathrow Park Lane  
Lake Mary, FL 32795

Company NAIC Number: \_\_\_\_\_

Contact Person: MARY REICHERT Phone Number: 904-444-4371

Line of Business:  Individual  Group

### Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data <sup>1</sup>
1	Total Number of Long-Term Care Claims Reported	0	5,723
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	125
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	29
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	96
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	2%
7	Number of Long-Term Care Claim Denied due to:	1	1
8	• Long-Term Care Services Not Covered under the Policy <sup>2</sup>	0	43
9	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	0
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	33
11	• Other	0	20

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.