

SERFF Tracking Number: AMLC-128524942 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number:
Company Tracking Number: LTCEND
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Benefit Change Endorsement
Project Name/Number: Benefit Change Endorsement/LTCEND

Filing at a Glance

Company: United American Insurance Company

Product Name: Benefit Change Endorsement SERFF Tr Num: AMLC-128524942 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num:
Sub-TOI: LTC03I.003 Other Co Tr Num: LTCEND State Status: Approved-Closed
Filing Type: Form Reviewer(s): Donna Lambert
Author: Louise Sanders Disposition Date: 07/02/2012
Date Submitted: 06/29/2012 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Benefit Change Endorsement Status of Filing in Domicile: Authorized
Project Number: LTCEND Date Approved in Domicile: 06/28/2012
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 07/02/2012
State Status Changed: 07/02/2012
Deemer Date: Created By: Louise Sanders
Submitted By: Louise Sanders Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval is Benefit Change Endorsement form LTCEND.

Long Term Care policyholders have many options available to them in order to keep their policies in force and reduce the premium they pay whether they need to reduce the premium due to an approved rate increase or due to financial circumstances. This endorsement allows the Company to document the selected benefit change(s) chosen by a policyholder and applicable to their policy. It also allows us to provide a copy of the endorsement to the policyholder to attach to their Long Term Care policy once the changes have been made. Only the benefit change(s) that the policyholder selects will show on their endorsement; that is why the benefit change selections are bracketed.

State Narrative:

Company and Contact

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Filing Contact Information

Louise Sanders, lsanders@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3752 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company	CoCode: 92916	State of Domicile: Nebraska
P.O. Box 8080	Group Code: 290	Company Type: Life and Health
McKinney, TX 75070-8080	Group Name: Liberty National	State ID Number:
(972) 529-5085 ext. [Phone]	FEIN Number: 73-1128555	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	06/29/2012	60559611

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	07/02/2012	07/02/2012

SERFF Tracking Number: *AMLC-128524942* *State:* *Arkansas*
Filing Company: *United American Insurance Company* *State Tracking Number:*
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TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.003 Other*
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Disposition

Disposition Date: 07/02/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC Partnership Certification		Yes
Form	Benefit Change Endorsement	Approved	Yes

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Form Schedule

Lead Form Number: LTCEND

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 07/02/2012	LTCEND	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46.700	LTCEND.pdf

UNITED AMERICAN INSURANCE COMPANY

A LEGAL RESERVE STOCK COMPANY * ADMINISTRATIVE OFFICES: MCKINNEY, TEXAS

This endorsement amends and is made a part of the policy to which it is attached. It is subject to all provisions, conditions, exclusions and limitations of the policy and any riders which are not in conflict with those of this endorsement.

Policy Number: [123456789]

Effective Date of Endorsement: [08-01-2012]

BENEFIT CHANGE ENDORSEMENT

Because you've chosen to change your policy in order to reduce your premiums, your policy benefits will change as follows:

[The Daily Benefit Amount in the Policy Schedule has been reduced to \$[_____].]

[The Elimination Period in the Policy Schedule has been increased to [____] days.]

[The Maximum Nursing Home Benefit in the Policy Schedule has been decreased to \$[_____].]

[The Maximum All Nursing Home Periods of Care in the Policy Schedule has been decreased to [____] years.]

[The optional Benefit Inflation rider has been eliminated. The Daily Benefit Amount is \$[_____] and will not increase further.]

[The optional Home Health Care rider has been eliminated.]

[The optional Home Health and Community Based Care rider has been eliminated.]

[The Nonforfeiture Benefit Option has been elected. Total benefit credits \$ [_____]. Nonforfeiture benefit credits are subject to the limitation that all past and future benefits received will not exceed the maximum benefit specified in your policy. Nonforfeiture benefit credits may be used for all care and services qualifying for benefits under the terms of the policy, up to the limits specified in the policy.]

Savvy M. [Signature]
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

LTCEND

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	07/02/2012
Comments:			
Attachment:			
Readability Cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	LTC Partnership Certification		
Bypass Reason:	N/A		
Comments:			

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
Benefit Change Endorsement Form LTCEND	46.70

June 29, 2012

Date



Michael J. Gaisbauer, Vice President