
SERFF Tracking #:	SFCM-128511561	State Tracking #:		Company Tracking #:	LTC-6.0
State:	Arkansas	Filing Company:	State Farm Mutual Automobile Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Long Term Care Insurance Benefit Page				
Project Name/Number:	Long Term Care Insurance Benefit Page/LTC-6.0				

Filing at a Glance

Company:	State Farm Mutual Automobile Insurance Company
Product Name:	Long Term Care Insurance Benefit Page
State:	Arkansas
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Form/Rate/Advertisement
Date Submitted:	06/28/2012
SERFF Tr Num:	SFCM-128511561
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	LTC-6.0
Implementation	09/09/2012
Date Requested:	
Author(s):	Tammie Mills, Sherry Boitnott
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	07/18/2012
Disposition Status:	Approved
Implementation Date:	
State Filing Description:	

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General Information

Project Name: Long Term Care Insurance Benefit Page	Status of Filing in Domicile: Not Filed
Project Number: LTC-6.0	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: We are not required to file Long Term Car in our Domicile State of Illinois
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 07/18/2012
	State Status Changed: 07/18/2012
Deemer Date:	Created By: Sherry Boitnott
Submitted By: Sherry Boitnott	Corresponding Filing Tracking Number:

Filing Description:
Re: Individual Health Insurance
NAIC #176-25178
Long Term Care Insurance
SF Filing #: LTC-6.0

Form # Form Name Replaced Date SERFF#
LTC-6.0 Long Term Care LTC-5.2 3-16-2011 SFCM-127078812
Insurance Benefit Page

Enclosed for filing on behalf of the State Farm Mutual Automobile Insurance Companies of Bloomington, Illinois are the above referenced internet pages.

This form has been updated to go with policy series 97062AR, 97062SAR and 97062CAR which were approved in your state March 1, 2012 under SERFF # STFH-128002426.

The format and colors that are on the internet pages are variable and may change from year to year.

These pages will be available on Statefarm.com. Once someone selects the state they reside in, the policy benefits page for their state will be available.

We are not required to file Long Term Care advertising in Illinois.

Company and Contact

Filing Contact Information

Sherry Boitnott, Tech - Contracts & Compliance	sherry.boitnott.L54X@statefarm.com
1 State Farm Plaza	309-766-4162 [Phone]
Bloomington, IL 61710-0001	309-766-8483 [FAX]

State: Arkansas Filing Company: State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Long Term Care Insurance Benefit Page

Project Name/Number: Long Term Care Insurance Benefit Page/LTC-6.0

Filing Company Information

State Farm Mutual Automobile Insurance Company One State Farm Plaza Laura Walters / Marketing D-3 Bloomington, IL 61710 (309) 763-8104 ext. [Phone]

CoCode: 25178 Group Code: 176 Group Name: FEIN Number: 37-0533100

State of Domicile: Illinois Company Type: State ID Number:

Filing Fees

Fee Required? Yes Fee Amount: \$50.00 Retaliatory? No Fee Explanation: 1 form @\$50.00 Per Company: No

Table with 4 columns: Company, Amount, Date Processed, Transaction #. Row 1: State Farm Mutual Automobile Insurance Company, \$50.00, 06/28/2012, 60545172

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	07/18/2012	07/18/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	07/02/2012	07/02/2012

Response Letters

Responded By	Created On	Date Submitted
Tammie Mills	07/17/2012	07/17/2012

SERFF Tracking #:	SFCM-128511561	State Tracking #:		Company Tracking #:	LTC-6.0
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Disposition

Disposition Date: 07/18/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Partnership Certification		Yes
Form (revised)	Long Term Care Insurance Benefit Page	Approved	Yes
Form	Long Term Care Insurance Benefit Page		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/02/2012
Submitted Date	07/02/2012
Respond By Date	08/02/2012

Dear Sherry Boitnott,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Long Term Care Insurance Benefit Page, LTC-6.0 (Form)

Comments: The elimination period is not similar to a deductible. Please remove this statement.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/17/2012
Submitted Date	07/17/2012

Dear Donna Lambert,

Introduction:

We are responding to the objection that we received on 7/2/2012.

Response 1

Comments:

We have removed the requested information. We have made the PDF Arkansas state specific and we have added the updated PDF.

Related Objection 1

Applies To:

- Long Term Care Insurance Benefit Page, LTC-6.0 (Form)

Comments: The elimination period is not similar to a deductible. Please remove this statement.

Changed Items:

No Supporting Documents changed.

State: Arkansas Filing Company: State Farm Mutual Automobile Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
 Product Name: Long Term Care Insurance Benefit Page
 Project Name/Number: Long Term Care Insurance Benefit Page/LTC-6.0

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	LTC-AR.1	ADV	Long Term Care Insurance Benefit Page	Revised SFCM-127078812		LTC-AR.1.pdf	Date Submitted: 07/17/2012 By: Tammie Mills
<i>Previous Version</i>							
1	LTC-6.0	ADV	Long Term Care Insurance Benefit Page	Revised SFCM-127078812		LTC-6.0.pdf	Date Submitted: 07/17/2012 By: Tammie Mills

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Tammie Mills

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Project Name/Number:	Long Term Care Insurance Benefit Page/LTC-6.0				

Form Schedule

Lead Form Number: LTC-6.0							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved 07/18/2012	LTC-AR.1	ADV	Long Term Care Insurance Benefit Page	Revised: Replaced Form #: LTC-5.2 Previous Filing #: SFCM-127078812		LTC-AR.1.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



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State Farm Automobile Insurance Company

Long-Term Care Insurance (97062 Series)

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent/producer or insurance company.

Long-Term Care Insurance / Long-Term Care Partnership Insurance

Partnership Program

Partnership policies are designed to allow you to protect a portion of your assets after you apply for Medicaid.

Policy Benefits (Long-Term Care Insurance and Long-Term Care Partnership Insurance)

Home Health Care / Adult Day Care

- Paid on a Calendar Week basis.
- Pays the lesser of seven (7) times the Maximum Daily Benefit or the actual expense incurred during a Calendar Week.

Respite Care

- Pays the lesser of the Maximum Daily Benefit or the actual expense incurred for up to thirty (30) days per calendar year.

Medical Help System

- Pays for rental or lease of the system while your policy is in force and you are residing in your home.
- Pays the expense incurred, up to 25% of the Maximum Daily Benefit.
- Payable for a maximum of twelve (12) months.

Service Center

- [Get a quote](#)
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- [Buy Insurance Online](#)

Related Links

- [Investing for Retirement](#)
- [Retirement Planning](#)
- [Tax Center](#)

Caregiver Training

- Pays expenses incurred, up to five (5) times the Maximum Daily Benefit

Alternate Care Facility (such as Assisted Living)

- Pays the expense incurred for each day, up to the Maximum Daily Benefit.

Long-Term Care Facility (such as a Nursing Home)

- Pays the expense incurred for each day, up to the Maximum Daily Benefit.

Bed Reservation

- Pays the lesser of the Maximum Daily Benefit or the expense you incur if charged while temporarily absent from a facility.
- Thirty (30) day limit per Calendar Year.

Waiver of Premium

- Premiums are waived after ninety (90) days of covered care, not separated by more than fifteen (15) days.

Alternate Plan of Care

- Arrangements for care in a setting other than a Long-Term Care Facility.
- May allow you to remain in your home.
- Pays the lesser of the Maximum Daily Benefit or the expense you incur.

Home Modification and Durable Medical Equipment

- Physical changes to your home.
- Use of Durable Medical Equipment.
- Allows you to remain in your home.

- Pays a maximum of fifty (50) times the Maximum Daily Benefit.

Inflation Protection

- Your Maximum Daily Benefit can be increased in one of the following ways:

Future Purchase Option (97062)

Simple Automatic Increase Benefit (97062)

Compound Automatic Increase Benefit (97062)

General Description of Benefits

To be eligible for benefits, you must first be “Chronically Ill” as certified by a Licensed Health Care Practitioner (a physician i.e., M.D. or D.O., registered nurse, or licensed social worker).

Certification means that you are unable to perform at least two Activities of Daily Living for an expected period of at least 90 days without substantial assistance from another person. You must also satisfy an Elimination Period before benefits are paid.

What are Activities of Daily Living?

- Eating (feeding yourself; not meal preparation)
- Bathing (washing yourself)
- Toileting (using the bathroom)
- Dressing (putting on and taking off clothing)
- Continence (controlling bladder and bowel function or the ability to perform hygienic tasks if control is lacking)
- Transferring (moving into or out of a bed, a chair or a wheelchair)

You could also be certified as Chronically Ill if your health and safety are threatened and you need substantial supervision because of a severe cognitive impairment (such as Alzheimer’s disease).

What is an Elimination Period?

The Elimination Period is the number of days you receive and pay for eligible care before you begin receiving policy benefits. In most states you can choose 30, 90 or 180 days. After satisfaction of the Elimination Period, benefits will be paid for each day of care, for charges incurred up to the daily benefit amount in your policy.

Is there a maximum benefit?

Yes. Daily benefit amounts range from \$100/day up to \$500/day; in \$25 increments.

The Maximum Lifetime Benefit is equal to the daily benefit; multiplied by 365 days, multiplied by the benefit factor (in years) you choose when you apply for the policy. The benefit factor can be 2, 3, 5, or 10 years. For example, a \$100/day policy with a 5 year benefit factor has a lifetime maximum of $\$100 \times 365 \text{ days} \times 5 \text{ years} = \$182,500.00$.

The Maximum Lifetime Benefit can be restored if you are no longer Chronically Ill and do not need otherwise covered care for 180 consecutive days.

Waiver of Premium

After 90 days of covered care, not separated by more than a 15 day period, your premiums will be waived. You will not be responsible for premium payment unless you recover or are no longer receiving covered care, or if your policy's lifetime maximum has been met.

What types of care are covered?

Eligible care can be received in your home, the community or in a facility. These include:

- Respite Care (temporary relief for an informal, non-licensed unpaid caregiver)
- Medical Help System (a communication system used to summon attention in a medical emergency)
- Caregiver Training for informal unpaid caregivers in your home
- Home Health Care, including Hospice
- Community-based care, including Adult Day Care
- Alternate Care Facilities, such as Assisted Living
- Long-Term Care Facilities, such as Nursing Homes
- Bed Reservation, to hold your room if you are temporarily absent from a covered facility
- Alternate Plan of Care (possible alternative care options when you would normally require care in a covered Long-Term Care Facility)
- Home Modification and Durable Medical Equipment (possible physical modification to your home and/or certain pieces of Durable Medical Equipment when you normally would require care in a covered Long-Term Care Facility)

Pre-existing Condition Limitation. We will not pay for a loss due to a Pre-existing Condition which You did not disclose in the application unless the loss begins more than six (6) months after the Effective Date of Coverage. However, providing incorrect information may cause Your policy to be voided. If this policy replaces another Long-Term Care Insurance policy, the six (6) month time period above is waived to the extent it has been satisfied under the replaced policy.

Grace Period. You are allowed a 65 day grace period for late payment of each premium due after the first premium. Your policy will remain in force during this period.

If You do not pay Your premium by the end of the grace period, Your policy will terminate.

GUARANTEED RENEWABLE FOR LIFE - PREMIUMS SUBJECT TO CHANGE

Your policy will remain in effect during Your lifetime as long as each premium is paid on time. We cannot cancel or refuse to renew Your policy. We cannot change Your policy without Your consent. However, We may change the premium rates. Any change will apply to all policies in the same class as Yours in the state where the policy was issued. We will notify You in writing 60 days before Your premium changes.

We provide a refund of unearned premium when We are notified of Your death or You exercise Your right to request cancellation.

This Policy is intended to be federally tax-qualified.

The quotes generated by this program are illustrative only and not a contract, binder or agreement to extend insurance coverage and are based on information you have supplied. If the information used to generate this example changes, or different rates are effective at the time of policy issuance, this rate quote may be revised. Premium rates are subject to change and may be increased, and any rate changes would apply to all policies in the same class in the state where the policy is issued. No money should be sent to State Farm in response to this advertisement. To obtain coverage you must submit an application to State Farm. All applications for coverage are subject to underwriting approval and subject to applicable state and federal law. Upon application approval, coverage can only be effective after payment and receipt of the initial policy-required premium. All policies may not be available in all states. Benefits, exclusions and limitations will apply. Please contact a State Farm Agent/producer for further details.

Note: This is a Marketing tool intended for use in the sale of insurance. Completion of an application for a State Farm insurance policy will require contact with a State Farm insurance agent/producer.

The information provides a brief, general description of the coverage provided by these policies. It is not a contract and certain exclusions and limitations apply. A complete statement of the coverage provided is found only in the policy itself. Policy coverage's, exclusions and limitations may vary in some states.

For exact terms and conditions see: Long Term Care policy series 97062.

LTC-AR.1

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	n/a		
Comments:			

		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:			

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Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/25/2012	Form	Long Term Care Insurance Benefit Page	07/17/2012	LTC-6.0.pdf (Superceded)