

State: Arkansas **Filing Company:** Equitable Life & Casualty Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: RN10D
Project Name/Number: RN10D/RN10D

Filing at a Glance

Company: Equitable Life & Casualty Insurance Company
Product Name: RN10D
State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Form
Date Submitted: 12/27/2012
SERFF Tr Num: ELCC-128821030
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: RN-10D
Implementation: On Approval
Date Requested:
Author(s): Mark Banks, Kathy Foster, John Neville, Jennifer Wilson, Amie Marcotte
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 01/11/2013
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas **Filing Company:** Equitable Life & Casualty Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: RN10D
Project Name/Number: RN10D/RN10D

General Information

Project Name: RN10D	Status of Filing in Domicile: Pending
Project Number: RN10D	Date Approved in Domicile:
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: 01/11/2013
	State Status Changed: 01/11/2013
Deemer Date:	Created By: Jennifer Wilson
Submitted By: Jennifer Wilson	Corresponding Filing Tracking Number:

Filing Description:

Filed for your approval please find Equitable Life & Casualty Insurance Company's Medicare Supplement Replacement Notice for direct sales (form RN 10D). This form is a new form and does not replace any form previously filed with the Arkansas Insurance Department.

This replacement notice will be used with the direct sale of our 2010 Standardized Medicare Supplement policies. These policies were approved by the Arkansas Insurance Department on 5/10/2010, SERFF Tracking # ELCC-126550000. The state tracking number is 45422.

Company and Contact

Filing Contact Information

Jennifer Wilson, Regulatory Compliance Analyst	Jennifer.Wilson@Equilife.com
Equitable Life & Casualty Insurance Company	800-352-5150 [Phone] 3723 [Ext] 801-579-3471 [FAX]
3 Triad Center	
Salt Lake City, UT 84180-1200	

Filing Company Information

Equitable Life & Casualty Insurance Company	CoCode: 62952	State of Domicile: Utah
3 Triad Center	Group Code:	Company Type: Life and Health
Suite 200	Group Name:	State ID Number:
Salt Lake City, UT 84180	FEIN Number: 87-0129771	
(801) 579-3400 ext. [Phone]		

Filing Fees

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

State: Arkansas **Filing Company:** Equitable Life & Casualty Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: RN10D
Project Name/Number: RN10D/RN10D

Company	Amount	Date Processed	Transaction #
Equitable Life & Casualty Insurance Company	\$50.00	12/27/2012	66043713

SERFF Tracking #:

ELCC-128821030

State Tracking #:

Company Tracking #:

RN-10D

State:

Arkansas

Filing Company:

Equitable Life & Casualty Insurance Company

TOI/Sub-TOI:

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name:

RN10D

Project Name/Number:

RN10D/RN10D

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/11/2013	01/11/2013

SERFF Tracking #:

ELCC-128821030

State Tracking #:**Company Tracking #:**

RN-10D

State:

Arkansas

Filing Company:

Equitable Life & Casualty Insurance Company

TOI/Sub-TOI:

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name:

RN10D

Project Name/Number:

RN10D/RN10D

Disposition

Disposition Date: 01/11/2013

Implementation Date:

Status: Approved-Closed

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
Form	Direct Sales Replacement Notice	Approved-Closed	Yes

State: Arkansas

Filing Company:

Equitable Life & Casualty Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: RN10D

Project Name/Number: RN10D/RN10D

Form Schedule

Lead Form Number: 2050

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/11/2013	Direct Sales Replacement Notice	RN-10D	OTH	Initial			RN-10D.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

**NOTICE TO APPLICANT REGARDING REPLACEMENT
OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE**

EQUITABLE LIFE & CASUALTY INSURANCE COMPANY
3 Triad Center, Salt Lake City, UT 84180-1200

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by Equitable Life & Casualty Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER:

To the best of our knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for one of the following reasons:

Additional benefits.

No change in benefits, but lower premiums.

Fewer benefits and lower premiums.

My plan has outpatient prescription drug coverage and I am enrolling in Part D.

Disenrollment from a Medicare Advantage plan.

We call your attention to the following item for your consideration: If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure you want to keep it.

SERFF Tracking #:

ELCC-128821030

State Tracking #:

Company Tracking #:

RN-10D

State: Arkansas

Filing Company:

Equitable Life & Casualty Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: RN10D

Project Name/Number: RN10D/RN10D

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not applicable to this filing.		
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable to this filing.		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not applicable to this filing.		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not applicable to this filing.		