

February 7, 2014

Minnesota Dept. of Commerce  
Attn: Consumer Response Team  
85 7<sup>th</sup> Place E. Suite 500  
St. Paul, MN 55101

RECEIVED

FEB 10 2014

MAILROOM

Attn: Consumer Response Team,

I am writing to you on the advice of Jennifer Jensen, about a problem we are having with my husband, [REDACTED] long term care insurance. [REDACTED] entered [REDACTED] in [REDACTED], on [REDACTED]. We immediately got in touch with our Riversource Life insurance company, our long term carrier. They were receptive in the beginning, but since its now time for them to make payments, they do not answer our letters. When I call them, they say they will look into it, but nothing happens. I contacted the agent who sold us the policy, he said he would look into it, but it sounds like he's getting the same run around as I did. I hope that you can help us.

They refuse to accept that [REDACTED] is a nursing facility. If you read the letter I sent to Riversource on January 23, 2014, it describes [REDACTED] and our problem. I have yet to receive a reply from that letter. [REDACTED] has written them but they do not response either.

We bought this policy 19 years ago. At that time there was only Home care or nursing home care. You either took care of a loved one at home or put him in a nursing home. That's what we paid for all these years, so in our older years we would have help.

Now when we need it, there are giving us a bad time. I took care of my husband for 4 years until I got sick and ended up in the hospital. Then we knew we had to do something different.

I have included all documentation in my letter. If you need more information, you can reach me at [REDACTED]. It is best to call before 1:30 PM, as I usually go to visit [REDACTED] in the afternoon.

I thank you for your consideration and for any help you can give us.

Sincerely,

[REDACTED]

[REDACTED]

Claim No: [REDACTED]

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [REDACTED]  
Street Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]  
Home Phone: [REDACTED] Work Phone: [REDACTED]  
Email Address: [REDACTED]

2. Insured

Name (if same, write "same"): [REDACTED]  
Relationship to the insured: P.O.A. and [REDACTED]

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: Kanawha Insurance Company  
Street Address: P. O. Box 12838  
City: Pensacola State: FL ZIP Code: 32591

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

4. Type of Insurance Involved (pick one)

Individual Life                       Group Life                       Long Term Care  
 Individual Health                       Group Health                       Dental  
 Workers Compensation                       Medicare Supplement                       Other LONG TERM CARE

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**5. Policy Information**

Policy Number: \_\_\_\_\_  
Group or Certificate Number: \_\_\_\_\_  
Name of Employer/Association (if group insurance) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**6. Claim Information**

Claim Number: SAME  
Date of Loss/Treatment: ONGOING

**7. Reason for Complaint (check one or more)**

Claim Denial                       Claim Dispute /Delay                       Sales /Service  
 Premium Rating Problem                       Cancellation /Non-Renewal  
 Medical Necessity / Usual & Customary Reduction  
 Other (please specify) NON-ACTION

**Details of my complaint:** (Please attach copies of all relevant documents including most recent correspondence from the company)

In January of 2015, on behalf of my [redacted] for whom I am the durable P.O.A., we submitted a claim for benefits under 2 long term care policies. We provided 100% of the documents as requested in the attached 12/11/15 letter and made [redacted] available for a 2 hour in home evaluation. The nurse evaluator [redacted] physician, the in facility OT and PT at her residence have all sent documents that fully support her claim dating back to February 11, 2015 and despite 7 phone calls I have made, the claim is still pending further detail. [cont'd].

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date 5/14/16

Signature of Complainant

[redacted] P.O.A. [redacted]

**Mail written complaints to:**

Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Suite 500,  
St. Paul, MN 55101

**[REDACTED]** has been hospitalized 3 times for falls since January 1<sup>st</sup> and each time, the suggestion has been for a higher level of care/support; the exact reason she purchased these policies.

To date the company [Kanawha] has failed to perform its fiduciary duty to **[REDACTED]** under the insurance contract as follows:

1. Prompt adjudication of ~~the~~<sup>have</sup> claims
2. Suspension of premium collection based on "On Claims" status
3. Prompt and clear communication avoid to delay.
4. Financial obligation to pay based on policy terms.

I have nearly 40+ pages more of documents  
we have sent to respond to every request.  
The time is NOW for action as the  
facility has threatened to cease services and  
start collection for unpaid charges; the exact  
situation the policy was intended to prevent.

**KANAWHA**  
INSURANCE COMPANY

Phone: 800-260-2162  
Fax: 866-582-6336

P.O. Box 12830  
Pensacola, FL 32591

January 21, 2015

[REDACTED]

Re: Policy # [REDACTED]

Dear [REDACTED]

Thank you for contacting us in regards to accessing a claim under your Long Term Care Insurance Policy. The following instructions are being provided to you on how to complete the Claim Filing Process from this point going forward:

**INSTRUCTIONS FOR FILING A CLAIM**

1. Please complete the "Insured Claim Form" as fully and accurately as possible.
2. Please read, sign and date the "Warning – Fraud Notice" page.
3. Please have your Primary Care Physician complete the "Attending Physician's Statement."
4. Please have your Physician or Neurologist complete the "Cognitive Impairment Evaluation."
5. Please have a representative from the home health care agency complete the "Home Health Care Agency Statement". Include a copy of the agency's license with the completed documents.
6. Expect to be contacted by a Registered Nurse, who will call to coordinate a date and time to conduct a face-to-face Healthcare Needs Assessment with you in your home.
7. Please complete and sign the "Authorization to Obtain and Release Medical Information."
8. Please submit any "Power of Attorney" documents for our files.

Once the above steps 1-6 are accomplished, please mail or fax the Claim forms back to us as soon as possible. The nurse will be sending a copy of their Assessment Summary Report to Kanawha once the visit has concluded.

You may send these documents by facsimile to 866-582-8576 or by mail to the address as stated in the letterhead above.

If you have any questions, please feel free to call our Customer Service department at (800) 260-2162.

Sincerely,

Claims Department  
Kanawha Long Term Care

McGee, Susan (COMM) # [REDACTED]

**From:** Contact, Commissioner (COMM)  
**Sent:** Wednesday, October 22, 2014 11:11 AM  
**To:** #COMM\_Consumer Protection  
**Subject:** FW: Long term Care insurance

LISA PILOT  
Investigator  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651.539.1646



**CONFIDENTIALITY NOTICE:** This message is intended only for the use of the individual(s) named above. Information in this e-mail or any attachment may be confidential or otherwise protected from disclosure by state or federal law. Any unauthorized use, dissemination, or copying of this message is prohibited. If you are not the intended recipient, please refrain from reading this e-mail or any attachments and notify the sender immediately. Please destroy all copies of this communication.

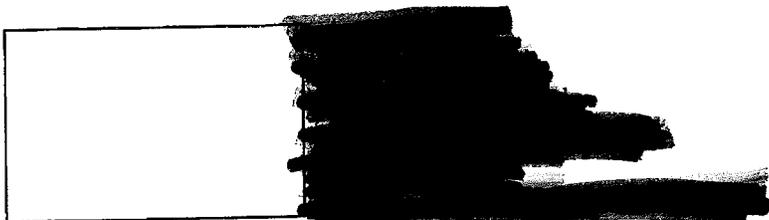
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**From:** [REDACTED]  
**Sent:** Wednesday, October 22, 2014 11:10 AM  
**To:** Contact, Commissioner (COMM)  
**Subject:** Long term Care insurance

Dear Commerce Department,

Who do I write to in order to file a complaint against a long term care insurance firm? We are having serious trouble dealing with Transamerica on getting them to honor a claim. They keep burying my 84-year-old [REDACTED] with more and more forms and requirements. This has been going on since [REDACTED] when [REDACTED] entered a nursing home. He died last month and they still haven't paid. They prey on the elderly by frustrating them so much that they give up. Their latest letter threatens that they will cancel the claim if it takes longer than 45 days to get everything they want.

Sincerely,  
[REDACTED]





**McGee, Susan (COMM)**

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**From:** commerce.donotreply@state.mn.us  
**Sent:** Thursday, April 16, 2015 8:41 PM  
**To:** #COMM\_Consumer Protection  
**Subject:** Complaint Ticket: [REDACTED] | Long Term Care



85 7th Place East, Suite 500 | Saint Paul, Minnesota 55101 | (651) 539-1600 | [consumer.protection@state.mn.us](mailto:consumer.protection@state.mn.us)

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## Complaint

Date Submitted : Thursday, April 16, 2015

Inquiry Type (if general inquiry, scroll to the bottom): Complaint

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## Consumer Information

Name: [REDACTED]

Email Address: [REDACTED]

Phone: [REDACTED]

Address: [REDACTED]

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## Complaint Information

Industry : Long Term Care

Reason Contacting : Claim Dispute/Delay

Account Number (for financial institutions complaints) :

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## **Company Information**

Name : Blue Cross Blue Shield of Mn

Address : P. O. Box 64560, St Paul, Minnesota 55164

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## **Individual Information (if applicable)**

Name :

Address : ,,

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## **Other Party Information (if applicable)**

Name : Policy is in [REDACTED] name [REDACTED]

Address : [REDACTED]

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## **Complaint Details :**

Blue cross blue shield of my sold this policy to [REDACTED] 20 plus years ago in which hey still paying almost 500 dollars a month for [REDACTED] is approved for benefits and have been paid for a number of months. my complaint is that they are very slow on reimbursement claim that they never get the fax from the care facility and can't track if it comes in. I have went as far as having the the people at the facility fax it in my presence and call them that is sent and the delay is still there . This policy is administered by med America of Rochester New York it seems as it designed to delay payments The care providers claim they have little trouble with other companies. I have spent many hours trying to get these things straightened out a number of times. If I wasn't there I don't know how elderly people would deal with this. The phone number for the claims is 1 800 544 0327 they answer blue cross long term care. This is extremely frustrating they behind by about 9000 dollars in reimbursement now

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## **Securities Questions (if applicable)**

Net Worth :

Fund Source :

Investment Objectives:

Prior Investment Experience :

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**McGee, Susan (COMM)**

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**From:** commerce.donotreply@state.mn.us  
**Sent:** Tuesday, June 09, 2015 2:02 PM  
**To:** #COMM\_Consumer Protection  
**Subject:** Complaint Ticket: [REDACTED], Long Term Care  
**Attachments:** 06091501.PDF

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85 7th Place East, Suite 500 | Saint Paul, Minnesota 55101 | (651) 539-1600 | [consumer.protection@state.mn.us](mailto:consumer.protection@state.mn.us)

---

## Complaint

Date Submitted : Tuesday, June 09, 2015

Inquiry Type (if general inquiry, scroll to the bottom): Complaint

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## Consumer Information

Name: [REDACTED]

Email Address: [REDACTED]

Phone: [REDACTED]

Address: [REDACTED]

---

## Complaint Information

Industry : Long Term Care

Reason Contacting : Claim Denial

Account Number (for financial institutions complaints) :

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### Company Information

Name : Thrivent Financial

Address : PO Box 8075, Appleton, Wisconsin 54912

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### Individual Information (if applicable)

Name :

Address : , ,

---

### Other Party Information (if applicable)

Name :

Address : , ,

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### Complaint Details :

I have Power of Attorney for [REDACTED] who is 86 years old. [REDACTED] was denied long term care coverage in a letter from Thrivent dated May 14, 2015. Her Thrivent policy number is [REDACTED] member ID [REDACTED]. The benefits under the policy can be triggered if she has: 1) a physical impairment, 2) a level of disability similar to physical impairment; or 3) cognitive impairment. [REDACTED] had a stroke on November 18, 2014 and has not been capable of independent living since then. When she was discharged from [REDACTED] on December 2, 2014, I was told she could not live alone and could not cook out of concern for her safety due to cognitive impairment. For example, there was a concern she would forget the stove was on and start a house fire. Her physician [REDACTED] stated in the long-term care packet dated November 18, 2014, that [REDACTED] is "cognitively impaired." "She does need supervision and needs help with med management." In fact, [REDACTED] is incapable of managing her life saving blood pressure and atrial fibrillation medications due to cognitive impairment. These medications are crucial to her well being and her very life is in danger if not properly managed. [REDACTED] is very pleasant, but her short-term memory is so diminished that it is a safety issue. She cannot remember to take her medication, and she has forgotten significant events such as undergoing cataract surgery. I believe [REDACTED] confusion and memory loss are cognitive impairment that threaten her safety and should trigger long-term care coverage. Please let me know if you can be of assistance in addressing this issue with Thrivent. I have attached the letter of denial of benefits, the definition of chronically ill and cognitive impairment, and the attending physician's statement. Thank you, [REDACTED]

---

### Securities Questions (if applicable)

Net Worth :

May 3, 2014

C N A Claims Administration  
Attention: Claims Manager  
P.O. Box 64912  
St. Paul, MN 55164-0912

RECEIVED  
MAY - 7 2014  
MAILROOM

Re: Insured: [REDACTED]  
Policy #: [REDACTED]  
Continental Casualty Company

To Whom It May Concern:

We are writing this letter to officially request an appeal of the benefit determination made on March 19, 2014, received on March 28, 2014, for the claim for [REDACTED] for long term care benefits under the above-referenced policy.

Please refer to the attached request to review the denial dated March 3, 2014 which outlines the background and facts to that date. On March 10, 2014, C N A received the request to review its determination. On March 18, 2014, [REDACTED] called and spoke to "Linda" at 10:43 a.m. (PT) who confirmed the request was received and provided instructions for faxing additional information. She indicated the appeal process could take 15 business days from the 3/10/14 date. [REDACTED] faxed an additional doctor statement (copy attached) on 3/18/14 at 11:11 a.m. (PT).

At no time during the review process were [REDACTED] doctors, care facility or [REDACTED] herself contacted to obtain additional medical information. Because the issue here is the term "medically necessary," the expectation would be that an appeal would require medical sources to be contacted in order to conduct a thorough review of [REDACTED] situation and condition. In fact the denial letter was dated March 19, 2014, so despite added information being presented, it was not apparently taken into consideration, as the denial was theoretically prepared the very next day. Based on the processes described in prior telephone conversations, these dates are questionable; this concern is also supported by the fact this letter was not received in [REDACTED] until March 28, 2014.

[REDACTED], the insured, purchased her policy in 1991 while living in [REDACTED] to cover exactly the health condition she is in today. C NA issued the policy from its Chicago, Illinois office. She has continually and faithfully paid annual premiums up to and including the present. [REDACTED] now lives in [REDACTED]. Claims processing is in Minnesota. As such, the Insurance Commissioners from all four states are being informed of this appeal. The insured's medical professionals have rendered their professional opinions and are far more knowledgeable of her need for long term care than the C NA administrative staff, who apparently did not consider the doctors' opinions/determinations.

Please approve the benefits for [REDACTED], retroactive to the completion of the elimination period or conduct a more thorough review of this matter, including contact with the doctors noted prior to

reaching the next decision. The process appears to be of the same nature as the complaints lodged against C NA by others, causing a delay in providing benefits to elderly individuals who faithfully made their premium payments for many years. The unfair and deceptive practices act of the Federal Trade Commission also appears to be violated.

Sincerely,

[REDACTED]

[REDACTED]

Authorized representative and daughter of the insured

[REDACTED]

Insured

cc: Attorney, John C. Conger  
The State Insurance Agencies

Colorado Department of Regulatory Agencies  
1560 Broadway, Suite 110  
Denver, CO 80202

Illinois Department of Insurance  
122 S. Michigan Ave., 19<sup>th</sup> Floor  
Chicago, IL 60603

✓ Minnesota Department of Commerce  
Attn: Consumer Protection and Education  
Division, 85 7<sup>th</sup> Place East, Suite 500  
St. Paul, MN 55101

Department of Commerce and Insurance  
500 James Roberson Parkway  
Davy Crockett Tower  
Nashville, TN 37243-0565

Enclosures:

Request for review letter dated March 3, 2014  
Doctors statements (2)  
Denial letter from C NA dated March 19, 2014



**HANSEN DORDELL  
BRADT ODLAUG & BRADT**  
ATTORNEYS AT LAW

PROFESSIONAL LIMITED LIABILITY PARTNERSHIP

3900 Northwoods Drive  
Suite 250  
Saint Paul, MN 55112  
(651) 482-8900  
(651) 482-8909 fax  
(800) 994-6056

Writer's Direct Dial  
(651) 332-8725

January 6, 2015



Randall W. Sayers  
James A. Schaps  
Craig B. Nichols  
Frederick E. Kaiser  
Joseph G. Twomey  
Colleen O. Kaufenberg  
Nathaniel A. Dahl  
Thomas R. Cutts  
Adam J. Rohne  
Jason S. Raether  
C. Jeremy Lagasse

Minnesota Department of Commerce  
Attn: Consumer Protection and Education Division  
85 Seventh Place East, Suite 500  
St. Paul, MN 55101

Re: [REDACTED] Complaint Against  
Transamerica Life Insurance Company

OF COUNSEL  
David J. Odlag  
J. Mark Catron

Dear Ladies and Gentlemen,

Ronald J. Riach

Our office represents [REDACTED] personal  
information is as follows:

Horace R. Hansen  
1910 - 1995  
Wayne P. Dordell  
1937 - 2011  
Gene P. Bradt  
1937 - 2013

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

RETIRED  
William M. Bradt

[REDACTED] is insured with Transamerica Life Insurance Company and  
the policy number is [REDACTED]. The policy provides coverage for long  
term care. On October 13, 2014, the company notified [REDACTED] that it  
would no longer provide benefits to him under the terms of the policy. A  
copy of the denial letter is attached.

With lawyers licensed  
to practice in  
Minnesota and Wisconsin

hdbob.com

The basis of the denial was in part based upon the opinion of [REDACTED]  
[REDACTED] attending physician, [REDACTED] [REDACTED]  
subsequently advised [REDACTED] that he incorrectly completed the  
Activity of Daily Living Assessment form from Transamerica. A copy of  
[REDACTED] letter of November 6, 2014, is enclosed.

January 6, 2015

Page 2

Our office filed an appeal of the denial of benefits on November 18, 2014. We included a copy of the letter from [REDACTED]. A copy of the appeal letter is also enclosed.

Transamerica Life Insurance Company has not responded to the appeal or reinstated the benefits under the terms of its policy. We request that the Commissioner review this matter and direct Transamerica to reinstate [REDACTED] benefits.

Please feel free to contact me if you have questions or need further information. Thank you very much.

Very truly yours,

[REDACTED]

RWS/np  
Enclosure  
3191-1

cc: [REDACTED]  
Transamerica Life Insurance Company (w/ enc.)

MAILROOM

JUL 28 2014

RECEIVED

Minnesota Insurance Commissioner  
Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division 85 7<sup>th</sup> Place East Suite 500  
St. Paul, MN 55101

Dear Insurance Commissioner:

[REDACTED] has had a Long Term Care Policy # [REDACTED] through Equitable Life (see face sheet of policy). She had home care zero elimination period at \$50 a day. We the family took care of [REDACTED] 24/7 with the help of hospice from April 8<sup>th</sup> to June 25<sup>th</sup>, 2014 (79 days). See page 7 of attached policy.

We feel Equitable Life has not provided service the policy promised. [REDACTED] had this policy for many years and when she needed it, they took approximately 1.5 months before having her assessment completed plus another three weeks after that to get her accepted for coverage and only then by their specified care givers. They refused to pay for any care provided by family members with the assistance of hospice. Without insurance coverage we did not have the funds to hire outside nursing care. Equitable Life has not reasonably explained why the assessment process took the time it did and has refused to cover any care provided by family members even though the policy indicates Equitable Life will pay \$50.00 per day for family care (see attached policy document). This policy was sold to [REDACTED] with the understanding that if the time ever came that she would need nursing care that she could receive it from family members and not have to enter a nursing care facility. Either this policy was sold under false pretences or Equitable Life does not honor the policy that was sold. [REDACTED] paid her premium faithfully for 17 years (over \$40,000 in premiums) to get shoddy and dishonest insurance service. It is our understanding that Policies such as this are no longer sold.

We would appreciate your attention to this matter.

Sincerely,

[REDACTED]

[REDACTED]

Attachments Enclosed:

Cc: Equitable Life & Casualty

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Insured

Name (if same, write "same"): \_\_\_\_\_  
Relationship to the insured: \_\_\_\_\_

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: Equitable Life & Casualty  
Street Address: 3 Triad Center  
City: Salt Lake City State: UT ZIP Code: 84180

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

4. Type of Insurance Involved (pick one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Individual Life      | <input type="checkbox"/> Group Life          | <input checked="" type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Individual Health    | <input type="checkbox"/> Group Health        | <input type="checkbox"/> Dental                    |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Other                     |

**5. Policy Information**

Policy Number: [REDACTED]

Group or Certificate Number: \_\_\_\_\_

Name of Employer/Association (if group insurance) \_\_\_\_\_

Effective Date: \_\_\_\_\_

**6. Claim Information**

Claim Number: not provided

Date of Loss/Treatment: April 8, 2014 - June 25, 2014 (79 days)

**7. Reason for Complaint (check one or more)**

Claim Denial                       Claim Dispute /Delay                       Sales /Service

Premium /Rating Problem                       Cancellation /Non-Renewal

Medical Necessity / Usual & Customary Reduction

Other (please specify) \_\_\_\_\_

**Details of my complaint:** (Please attach copies of all relevant documents including most recent correspondence from the company)

Care by family member as stated  
in policy.. was denied

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date  
7/25/2014

Signature of Complainant

[REDACTED SIGNATURE]

**Mail written complaints to:**

Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Suite 500,  
St. Paul, MN 55101



LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [Redacted]  
Street Address: [Redacted]  
City: [Redacted] State: [Redacted] ZIP Code: [Redacted]  
Home Phone: [Redacted] Work Phone: [Redacted]  
Email Address: [Redacted]

2. Insured

Name (if same, write "same"): [Redacted]  
Relationship to the insured: [Redacted]

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: Mutual of Omaha  
Street Address: Mutual of Omaha Plaza  
City: Omaha State: NE ZIP Code: 68175

Name of Company, Agent/Broker, etc.: John Hancock Life Insurance Co.  
Street Address: P.O. Box 55231  
City: Boston, MA State: MA ZIP Code: 02205

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

4. Type of Insurance Involved (pick one)

- Individual Life
- Individual Health
- Workers Compensation
- Group Life
- Group Health
- Medicare Supplement
- Long Term Care
- Dental
- Other

RECEIVED

AUG 05 2013

MAILROOM

Mutual of Omaha

Hancock

5. Policy Information

Policy Number: [redacted]

Group or Certificate Number: [redacted]

Name of Employer/Association (if group insurance): [redacted]

Effective Date: May, 1999 August, 1997

6. Claim Information

Claim Number: [redacted]

Date of Loss/Treatment: assisted living care began 12/20/12

7. Reason for Complaint (check one or more)

- Claim Denial
- Claim Dispute /Delay
- Sales /Service
- Premium /Rating Problem
- Cancellation /Non-Renewal
- Medical Necessity / Usual & Customary Reduction
- Other (please specify): \_\_\_\_\_

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

*Both companies have denied our claim. Enclosed is my last correspondence to them, dated July 30, 2013. If one or both refuse the claim again I will call you and ask you to call them. (Please see the notes I made on their latest denial letters, for your benefit in making our case, if need be.)*

*thank you*

[redacted]

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

8/2/13  
Date

[redacted signature]  
Signature of Complainant

**Mail written complaints to:**  
 Minnesota Department of Commerce  
 Attn: Consumer Protection & Education  
 Division, 85 7th Place East, Suite 500,  
 St. Paul, MN 55101

July 30, 2013

Mr. Joe Thompson  
Claims Analyst  
Individual Claims LTC-Specialty  
Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175

Re: [REDACTED] Claim Number: [REDACTED]  
Policy Number: [REDACTED]  
DOB: [REDACTED]

Dear Mr. Thompson:

I received your May 29, 2013 letter declining the subject claim. I am hereby appealing that decision.

I am again providing Dr. [REDACTED] summary letter on [REDACTED] situation dated March 15, 2013. I am also including Therapist [REDACTED] July 3, 2013 report of [REDACTED] cognitive tests completed on November 21, 2012, and July 1, 2013. This information confirms that [REDACTED] claim should be approved.

[REDACTED] moved to an assisted living apartment at [REDACTED] in [REDACTED] on December 20, 2012. Allowing for the 100 day elimination period, her benefits should have begun on April 1, 2013.

Please call me at 952-594-1864 with any further questions.

[REDACTED]

✓ Cc: Minnesota Department of Commerce, Consumer Protection Division

July 30, 2013

Ms. Julie Samble  
Claim Consultant Manager  
R-02-B Long-Term Care  
John Hancock Life Insurance Company  
P O Box 55231  
Boston, MA 02205-5231

Re: [REDACTED] Claim Number: [REDACTED]  
Policy Number: [REDACTED]  
DOB: [REDACTED]

Dear Mr. Thompson:

I received your May 20, 2013 letter declining the subject claim. I am hereby appealing that decision.

I am again providing Dr. [REDACTED] summary letter on [REDACTED] condition, dated March 15, 2013. I am also including Therapist [REDACTED] July 3, 2013 report of [REDACTED] cognitive tests completed on November 21, 2012, and July 1, 2013. This information confirms that [REDACTED] requires "Substantial Supervisory Assistance", and her claim should therefore be approved.

[REDACTED] moved to an assisted living apartment at [REDACTED] in [REDACTED] on December 20, 2012. Allowing for the 90 day elimination period, her benefits should have begun on March 20, 2013.

Please call me at 952-594-1864 with any further questions.

[REDACTED]

✓ Cc: Minnesota Department of Commerce, Consumer Protection Division



MUTUAL of OMAHA INSURANCE COMPANY  
 Mutual of Omaha Plaza  
 Omaha, NE 68175  
 1 800 268 6443  
 mutualofomaha.com

May 29, 2013

*denial letter*

[REDACTED]

Claim Number: [REDACTED]  
 Policy Number: [REDACTED]

Dear [REDACTED]

I have had an opportunity to review your request for long term care benefits. Please allow me this opportunity to review the handling of your claim.

Your long term care policy provides coverage for your stay in a covered Assisted Living or Nursing Care Facility. All benefits are payable based on the policy provisions and exclusions.

In order for any benefits to be payable under this policy, the "Chronically Ill" definition must be met. Per the policy definitions, this means, "any individual who has been certified by a Licensed Health Care Practitioner, within the preceding 12 month period, as either:

1. being unable to perform (without substantial assistance from another individual) at least 2 Activities of Daily Living for a period of at least 90 days due to a Loss of Functional Capacity; or
2. having a disability similar to the level of disability in clause 1; or
- \* 3. requiring substantial supervision to protect such individual from threats to health and safety due to severe Cognitive Impairment."

Our medical staff contacted Dr. [REDACTED] office by telephone for further clarification. They mentioned that a cognitive test was not performed. At that time, our medical staff requested an in home cognitive test to determine your cognitive status. This was done on 5/21/13. This test indicated that you did not score in the severe cognitive impairment category.

*15 minute informal question & answer session.*

We also obtained a copy of your medical records from [REDACTED] to help us determine what your care needs were. These records indicated that you are independent with all of your activities of daily living. There is no indication of a severe cognitive impairment. We called the facility to verify your care needs, and based on the records and the call to the facility, you are not meeting the Chronically Ill requirements of your policy. Therefore, no benefits would be payable for your stay at [REDACTED].

Mutual of Omaha fully reserves all rights which arise under the policy, and nothing set forth herein is intended to be a waiver or limitation of the company's rights.

\* *there is no definition of "severe" in the policy - she requires "substantial supervision to protect her from threats to health & safety", so the benefit should be paid.*



Mr Dept. of Commerce,

I would just like to inform  
you about the long term care  
difficulties I have encountered  
with Transamerica insurance.

Thank you.





Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P.O. Box 869093  
Plano, TX 75086-9093  
Telephone: (866) 745-3545 Fax: (866) 630-7502

December 17, 2014

COPY

[REDACTED]

Re: Policy No.: [REDACTED]  
Insured: [REDACTED]

Dear [REDACTED]:

This is in response to your letter dated November 19, 2014, which we received, December 2, 2014, regarding [REDACTED] above-referenced policy.

Your letter requests information and clarification on the policy's Elimination Period (EP) and the Maximum Daily Assisted Living Facility Benefit. There is quite a bit of information in this response, as we wanted to be as complete and transparent as possible. Should you have any questions after reviewing this response, please do not hesitate to contact us.

The policy [REDACTED] holds with our Company has a 90 day (EP). An EP is the total number of Benefit Days at the start of each Nursing Home stay or period of Home Health Care, care in an Assisted Living Facility or Adult Day Care needed to qualify for benefit. Benefits will not be paid during this EP. Covered Care must actually have been received on any day or during any visit used to satisfy this EP. Once [REDACTED] has accumulated enough Benefit Days to satisfy the EP, it will never have to be satisfied again. Accordingly, [REDACTED] satisfied the EP as of October 8, 2014.

In reference to the copy of [REDACTED] application for benefits, which you included in your letter, please note on page 2 that [REDACTED] selected a 90-Day EP. The portion of the application which you circled on page 1, "20 day elim", was information on another long-term care policy with Bankers Life and Casualty that [REDACTED] indicated she had at the time of her application with our Company and did not affect the coverage she chose to subsequently purchase. In regard to the Maximum Daily Assisted Living Facility Benefit, please find enclosed a copy of [REDACTED] Schedule Page. As indicated, the Maximum Daily Assisted Living Facility Benefit is \$25.00. The portion of the application on page 2, which you circled, references the Nursing Home Maximum Daily Benefit and the Maximum Daily Professional Services Benefit which are both \$50.00. These amounts are also reflected on the Schedule Page. When [REDACTED] applied for coverage she did not elect an inflation protection (Benefit Increase Option); therefore, her benefit amounts did not increase.

With respect to [REDACTED] coverage, on the first page of her policy under "30-Day Right To Cancel", it explains the policy could have been returned within 30 days for a full refund if she was not satisfied. The policy was not returned and we have no indication that [REDACTED] was not pleased with the coverage she purchased in 1999.

In review of [REDACTED] claim for benefits, based on our Eligibility Unit's review of the facility in which she currently resides, [REDACTED] the claim was approved under the Assisted Living Facility Benefit. In additional review the Assisted Living Facility Benefit appears to be the appropriate benefit.

[REDACTED]  
December 17, 2014

Page 2

As the enclosed Explanation of Benefit statement reflects, Assisted Living Facility Benefits, in the amount of \$575.00, have been reimbursed for service dates October 9, 2014 to October 31, 2014. To date, we have not received the itemized billing statement for November 2014.

In summary, [REDACTED] selected a 90 day Elimination Period which has been satisfied. Assisted Living Facility Benefits (\$25.00 per day) have been approved for her stay at [REDACTED]. Please submit the November 2014 itemized bill at your earliest convenience for our review. As a reminder, the itemized bill for service dates December 1, 2014 to December 31, 2014 can be submitted on or after January 1, 2015. [REDACTED] is a valued customer and we are glad that we are able to pay benefits under her policy; however, we are obligated to provide these benefits in accordance with the terms and conditions of the contract she purchased.

We hope that the information provided herein satisfactorily addresses your concerns. If you have any questions or need additional information, please let us know. We can be reached toll free at 1(866) 745-3545.

Sincerely,

[REDACTED]  
[REDACTED]  
[REDACTED]  
Claims Consumer Affairs  
Transamerica-Long Term Care

Enclosure(s)



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P.O. Box 869093  
Plano, TX 75086-9093  
Telephone: (866) 745-3545 Fax: (866) 630-7502

December 18, 2014

Ms. Yolande Bruce  
State of Minnesota  
Department of Commerce  
85 Seventh Place East, Suite 500  
St. Paul, MN 55101

Re: Insured: [REDACTED]  
Policy No.: [REDACTED]  
Complainant: [REDACTED]  
Your File No.: [REDACTED]  
NAIC No.: 86231

Dear Ms. Bruce:

This is in response to your letter dated December 9, 2014 regarding [REDACTED] above-referenced Long-Term Care Insurance policy.

As you are aware, [REDACTED] also sent her letter of complaint directly to our office. Please find enclosed a copy of our response dated December 17, 2014 along with a copy of [REDACTED] policy for your reference.

If you have any questions regarding this matter or need assistance in any way, please let us know. We can be reached toll free at (866) 745-3545. You can also reach me directly at (972) 881-6272 or by email at [courtney.wunderlich@transamerica.com](mailto:courtney.wunderlich@transamerica.com).

Sincerely,

A handwritten signature in cursive script that reads "Courtney Wunderlich".

Courtney Wunderlich  
Consumer Affairs Department  
Transamerica Long Term Care

Enclosure(s)

**RECEIVED**

DEC 26 2014

**MAILROOM**

# MetLife®

P.O. Box 14407  
Lexington, KY 40512

February 23, 2015

Minnesota Department of Commerce  
Consumer Protection & Education  
Division, 85 7<sup>th</sup> Place East Ste 500  
St. Paul, Minnesota, 55101

Attn: Yolande Bruce, Sr. Investigator

Re: [REDACTED]

file → MN Doc [REDACTED]

Dear Ms. Bruce:

I am writing in response to File Number MN Doc [REDACTED] received by Metropolitan Life Insurance Company ("MetLife") Corporate Customer Relations on February 10, 2015. This correspondence is regarding [REDACTED]. [REDACTED] is insured under a Minnesota issued Certificate of Coverage ("the Certificate") under a group Long-Term Care Insurance Policy issued to AARP situated in Washington DC. This is a Tax Qualified Plan ("the Plan").

We understand [REDACTED] complaint concerns the coverage under [REDACTED] Plan. Specifically, she is requesting his remaining Long-Term Care Insurance funds cover in-home care under his Facilities Only Plan. We are unable to accommodate this request. According to our records, [REDACTED] chose to enroll in, and has paid premiums accordingly, for a Facility Only Plan. The Plan allows for reimbursement for services provided by covered Nursing Homes, Hospice Facilities, or Assisted Living Facilities. We are obligated to administer the Plan as written for all insureds, and we are unable to reimburse for any services rendered by a provider other than that of a covered facility.

I have enclosed a copy of the enrollment form that [REDACTED] completed and signed on December 3, 2002. This enrollment form indicates in section D, page 3, that a Comprehensive Option, which includes coverage for home and community based services, was available at the time of enrollment. As indicated on this form, [REDACTED] selected the Basic Option, which does not include Home Care. We regret the Plan is not meeting [REDACTED] expectations.

A review of our records show that [REDACTED] was benefit authorized under the Plan on June 15, 2011, with benefit eligibility effective on May 4, 2011. His required service day Waiting Period was met on June 24, 2011, and Premium Waiver was effective July 1, 2011. [REDACTED] continued to reside in covered facilities until March 31, 2014. As long as [REDACTED] remains in a benefit period, a MetLife Nurse Care Coordinator will intermittently contact [REDACTED] physician, or another health care professional familiar with his condition, to review his health

status and determine ongoing eligibility for benefit. As he has remained benefit authorized, his benefit period has continued to be open in a Waiver of Premium status.

██████████ spoke with a MetLife Care Coordinator on January 14, 2015 inquiring if home care could be considered under the coverage, and she was informed the coverage was for Facilities Only. Available options were discussed, and a list of covered Nursing Homes and Assisted Living Facilities was mailed on January 16, 2015 (copy enclosed).

██████████ MetLife Care Coordinator, Rashida Powe, will be in follow up contact with ██████████ in the near future regarding ██████████ status and care needs. In the interim, if ██████████ would like to contact Ms. Powe, she can be reached at 1-800-638-9641, Monday through Friday, 9:00 a.m. - 5:00 p.m. Eastern Time.

As requested, I have also enclosed a copy of the Certificate of Coverage that ██████████ is covered under. If you have any questions regarding this response, I can be reached at 1-860-656-3920 between the hours of 9 a.m. and 5 p.m. Eastern Time. My email address is [ccummings1@metlife.com](mailto:ccummings1@metlife.com). Subsequent correspondence regarding this complaint may be addressed to the following: Steven Kohler, Esq. Lead Compliance Specialist, MetLife Corporate Customer Relations, P.O. Box 789, Johnstown, PA 15904.

Sincerely,

*Claudia Cummings*  
Claudia Cummings, RN CCM  
Manager, Appeals, MetLife Long-Term Care

Enclosure (s)

Jan 16 2015 15:32:31

-> ACS MetLife

MetLife

Page 882

**MetLife Long-Term Care**  
18216 Crane Nest Drive  
Tampa, FL 33647



January 16, 2015



Group Name:  
Group Number:

AARP  
[Redacted]

Dear [Redacted],

The following are appropriately licensed long-term care service providers located in your area which provide the types of covered services discussed with your Care Coordinator. *To be reimbursed for a covered provider, you must first be determined to be Benefit Eligible under your plan, the services provided must be covered by your plan and approved by the Care Coordinator.*

**Nursing Homes**

Walker Methodist Health Center  
3737 Bryant Ave S  
Minneapolis, MN 55409  
Phone: 612-827-5931

Mount Olivet Home  
5517 Lyndale Ave S  
Minneapolis, MN 55419  
Phone: 612-827-5677

Ebenezer Care Center  
2545 Portland Ave S  
Minneapolis, MN 55404  
Phone: 612-879-2292

Benedictine Health Center of Minneapolis  
618 E 17th St  
Minneapolis, MN 55404  
Phone: 612-879-2800

**Assisted Living Facilities**

Mount Olivet Home  
5517 Lyndale Ave S  
Minneapolis, MN 55419

Jan 16 2015 15:32:53

-> ACS MetLife

MetLife

Page 883

Phone: 612-827-5677

Augustana Apartments of Minnea  
1007 E 14th St  
Minneapolis, MN 55404  
Phone: 612-238-5101

Iris Park Commons  
1850 University Ave W  
St. Paul, MN 55104  
Phone: 651-632-8856

\*Medicare website at [www.medicare.gov](http://www.medicare.gov) can be helpful in evaluating and comparing nursing homes

\*Discounts may be available for certain providers for more information please visit <http://www.healthcareservices.com/> or call (407) 365-5894

For more information please visit <https://www.aetlife.com/mmi/publications/since-you-care-guides/index.html>

The above list of community resources is provided for informational purposes only and is not intended as a recommendation of or referral to any particular provider.

*Please note all providers need to be verified for appropriate credentials/licensure and you may not be reimbursed for services if the provider you choose is not approved.*

*In addition, any provider mentioned above may need to be re-verified at the time services start, since state requirements may change which lead to approvals or denials of agencies.*

Contact our Call Center at 1-888-687-0977 for further assistance or if you have any other questions.

Sincerely,

*Sharon*

Sharon A. Durand  
Claims Support Services

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

RECEIVED

FEB 02 2015

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

MAIL ROOM

1. Complainant

Your Name: [redacted]
Street Address: [redacted]
City: [redacted] State: [redacted] ZIP Code: [redacted]
Home Phone: [redacted] Work Phone: [redacted]
Email Address: [redacted]

2. Insured

Name (if same, write "same"): [redacted]
Relationship to the insured: [redacted]

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: met life
Street Address:
City: State: ZIP Code:

Name of Company, Agent/Broker, etc.:
Street Address:
City: State: ZIP Code:

Name of Company, Agent/Broker, etc.:
Street Address:
City: State: ZIP Code:

4. Type of Insurance Involved (pick one)

- Individual Life, Group Life, Long Term Care (checked), Individual Health, Group Health, Dental, Workers Compensation, Medicare Supplement, Other

**5. Policy Information**

*Met Life*

Policy Number: \_\_\_\_\_

Group or Certificate Number: \_\_\_\_\_ *↑*

Name of Employer/Association (if group insurance) \_\_\_\_\_

Effective Date: \_\_\_\_\_

**6. Claim Information**

Claim Number: \_\_\_\_\_

Date of Loss/Treatment: \_\_\_\_\_

**7. Reason for Complaint (check one or more)**

Claim Denial  Claim Dispute /Delay  Sales /Service

Premium /Rating Problem  Cancellation /Non-Renewal

Medical Necessity / Usual & Customary Reduction

Other (please specify) *Request to ask that remaining LTC funds be used toward in-home caregiver services.*

**Details of my complaint:** (Please attach copies of all relevant documents including most recent correspondence from the company)

*It has a very old policy where people didn't go home at the time the policy was signed. People went to nursing homes.*

*See attached 4 page letter I request. Thank you,*

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date

Signature of Complainant

**Mail written complaints to:**  
Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Suite 500,  
St. Paul, MN 55101

[REDACTED]

January 25, 2015

MN Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Ste 500  
St. Paul, MN. 55101

Dear Department of Commerce,

**I was advised to contact you to inquire about getting [REDACTED] Long Term Care Policy expanded to include home care services.** The policy language does not read that payments are allowed for home care services, but the policy is very old. It was written in a decade where people didn't go home at the end of their lives, they went to nursing homes. **I'm wondering if there is any legislation or statutes or supportive regulation that is encouraging long term care companies to convert these older policies for seniors who have been brought home.**

[REDACTED] bought a Long Term Care Policy with Met Life a very long time ago. He has 18 months of payout left on this policy at \$1800.-\$1830 per month. I don't have any complaint about Met Life. They have been good to work with in past payouts. But [REDACTED] is running out of money. I estimate he has six months left of funds for his care, and in order to get him care at all past that time, he has to be moved back to a nursing home or memory care. I have called twice to request if they would consider in-home care services payments, and was told no both times.

[REDACTED] spent 15 years in senior facilities. It didn't work for him. His doctor, [REDACTED] told me last March, [REDACTED] is too vulnerable and too frail to be in a facility, and if anyone could have made it work for him, it would have been me. Moving [REDACTED] back to a facility would be the kiss of death: He would either fall right away and break something, or he would be strapped in a wheelchair, and the light would be gone from his eyes. [REDACTED] has to have one on one care with a gait belt assist/someone holding him when he walks and when he is transferred.

The consequences of living in a senior apartment, assisted living and then memory care created the following challenges for us and harms for him. I'm listing just a few of the many things that happened to him:

**\*Two brain injuries** (one was dehydration after being found after three days on the floor in his urine and feces at The [REDACTED] in May 2010. The other brain injury when he was denied access to memory care, because [REDACTED] assessed him to be capable of living in assisted living where he was found on the floor of the shower with **3 broken ribs, a fractured spine and a brain hemorrhage in June 2013. He wasn't capable. Ridiculous.** He came from a TCU at [REDACTED] for people with dementia and [REDACTED] was a 4.0 on the cognitive scale with recommendations from the head nurse, social worker, OT and PT for Memory Care placement. Still [REDACTED] denied him access. I even put money down on a room. They mailed the check back. So, we moved him to assisted living - big problem

[REDACTED]

**\*Brain Injuries:** [REDACTED] already has dementia. He started having memory loss and being test 15 years ago. He's also had a stroke. The consequence of the brain injuries is impaired speech, no judgment, impaired vision. He cannot wear his bifocals because his eyes don't work with his brain anymore. Most of his sentences are jumbled. He cannot ask to get his needs met. He is defenseless and has been treated terribly by facility caregivers and nurses.

**\*Many falls, emergency rooms/hospitalizations:** [REDACTED] is a high fall risk because he can get himself to stand up, but he can't walk alone. One step alone and he is on the ground. *Most facilities have gone alarm free. He has NO BALANCE due to his peripheral neuropathy in both feet and brain damage.* And with his brain issues, he has no judgment not to stand up. He is very weak, very frail. He has had several head injuries, sciatic nerve problems in falls etc.,

**\*Medication Errors:** One facility gave [REDACTED] his meds (an anti seizure med) and a med he was weaned off of, which threw him into a transitional care unit for three weeks. The facility didn't even have a contract to give him meds. My husband and I did all med set up. This was the head nurse that made this error at [REDACTED] assisted living. Landed [REDACTED] in a transitional care unit for three weeks.

**\*Meal/food safety:** [REDACTED] was in Memory Care at [REDACTED]. No one cut up his food, they put breasts of chicken on plates WITH BONES TWICE THAT WE OBSERVED which he tried to cut and eat). They also oaded him and other residents up with carbs. [REDACTED] ended up at Urgent Care like a zombie with carb overload. He is also lactose intolerant, which the caregiver aides had no idea which foods had lactose or not, so they fed him many milk products which were really hard on his bowels. Lots of diarrhea. So they gave him lactose pills before every meal, then when he had the diarrhea, they gave him Immodium, when he was constipated they gave him Miralax, and when then they added Citrucel. Somedays, HE WAS GIVEN ALL OF THESE MEDS IN ONE DAY.

**Two Mouth Infections:** [REDACTED] dentist, Dr. [REDACTED] called the [REDACTED], and a claim was reported and made against [REDACTED] for neglect.

**COSTS:** My husband and I put 16,000 miles on my car going from [REDACTED] to provide the necessary oversight to protect [REDACTED], and I spent \$17,000 of [REDACTED] money toward companions, I hired a nurse to oversee bowels after his head injury, broken ribs and broken spine, because the head nurse was on the skids and was then fired. No head nurse. 95% staff turn over.

[REDACTED] kept falling. We kept finding him peeing in the bathroom alone, sliding on the floor. It took every spare minute I had to keep him safe.

I asked four different attorneys if there was any financial recourse for harms to [REDACTED] [REDACTED] is not income producing and proving these claims is time consuming and difficult, so no one would take him on to help seek compensation for his financial and physical losses.

Last March 2014, [REDACTED] was very depressed. [REDACTED] treated the Memory Care residents like children with no dignity, and he kept getting harmed. Three of the 14 residents died in ten days. The atmosphere there was heavy. So [REDACTED] called almost every night for over a week saying, "I want to live where I am loved. I want to be where people do family things." Family means every thing to him.

[REDACTED]

I went to pick him up from [REDACTED] for a few day so respite and found him in a lot of pain. He had constant diarrhea, a raw bottom and rash on his butt, and a hemorrhoid that needed immediate attention. The nurse and the caregiver aide ignored his cries for pain when I picked him up to "bring him home for respite." But I pretty much knew in my heart, [REDACTED] wasn't going back to Memory Care. Especially after Dr. [REDACTED] told me it is time to bring him home. "[REDACTED] is too frail to live in a facility."

**All this to say that in the last five years with all these harms, all the expenses, my husband and I tried hard to work with the facility and give feedback, support etc., My MBA is even in health care administration. But it is impossible to secure good care for a parent when the turn around in staff is so high - at 95% in 2013 at [REDACTED] in [REDACTED]. I DID EVERYTHING I COULD DO TO KEEP HIM SAFE AND TO MAKE THE FACILITY LIFE WORK FOR HIM, but we were losing him physically, cognitively and spiritually.**

In the end, the Dept of Health was reported to twice, the MN Board of Nursing was reported to, [REDACTED] County Adult Protection was called in, the dentist also made a claim to the Dept. of Health, and three different Omsbudsman: [REDACTED] County, [REDACTED] County, and Long Term care for the state of MN were consulted.

[REDACTED] came home from Memory Care in a medical crisis in March 2014. He was put on hospice and was on hospice for ten months. He is still very frail, but stable. We don't use any meds to keep his bowels going. We feed him health vegetables and fruit and monitor his bowel activity.

[REDACTED] is 90 years old. He can never be left alone, for one minute. He is a high fall risk. He has to be toileted by someone. [REDACTED] can't be left alone to transfer, walk or eat. He cannot dress himself, and has plenty of "continence" issues. We give him all his meds, monitor fluid and food intake. All of his housekeeping and personal daily cares have to be done for him. **We do everything for him, with the help of in-home caregivers.** We are trying to keep him living to his fullest capacity for his condition.

We would have loved [REDACTED] to have found a community in a senior facility, but we tried for 15 years. He hated apartment like buildings, but he tried, too. [REDACTED] is just a poor fit, since facilities have no protection solutions in place of the alarm systems they've gotten rid of. And with the poor quality of care in facilities, he can't defend himself.

**We are asking if the MN Dept of Commerce/Insurance Division can assist us in requesting that [REDACTED] Long Term Care policy funds be transferred to him or used in monthly claims for in-home care services.** We oversee these in-home caregivers and make sure he is treated well. I have been [REDACTED] caregiver, health care director, POA for 18 years. He is stable, and happy. We want his life to end in our home, with a happy heart. We are glad to submit monthly claims for these caregiver services, we would consider a lump sum, or do what might be a reasonable request toward using his paid for policy toward in home care giver services.

[REDACTED]

Can you help us? Is there anything in the statutes that help old Long Term Care policies become more relevant to today's standards where moving a parent home is indeed more common?

Time is of the essence because [REDACTED] is running out of money. In the next month or two, we'll have to consider moving him back to a facility where his long term care policy will kick back in. But we know that will be the end for him and for us - 15 years of senior facility life and all these harms listed and more, is enough acknowledgement that home is where he belongs in his last year or so of life.

Thank you for your consideration. I pray you can help us help [REDACTED] by finding financial support from the long term care policy he paid for written at a time that isn't reflective of the senior care life today

Respectfully,

[REDACTED]

[REDACTED]

[REDACTED]

**McGee, Susan (COMM)**

---

**From:** [REDACTED]  
**Sent:** Tuesday, June 30, 2015 8:46 PM  
**To:** #COMM\_Consumer Protection  
**Subject:** INSURANCE COMPLAINT. John Hancock

Dear Kristi,

First of all, I would like to thank you SO very much for taking the time this afternoon to listen to my complaint regarding my John Hancock Long Term Care policy. I will summarize what has been going on with the hope that the issue can be resolved once and for all with your assistance.

I purchased my policy in 2007 through my former employer, [REDACTED]. The premiums were deducted each month from payroll so there were no issues. I left [REDACTED] on 4/24/2014 for a new employer. When the policy was initially purchased, one of the most appealing features was that it was portable and I could take it with me when I left or retired.

At the time I left, our premiums were paid through May of 2014 as JH requires premium payment one month in advance. I paid our premiums in full through my bill pay service at my bank for the remainder of 2014 and to my recollection, there were no issues. Early this year, (2015) my husband and I decided to pay his premium through his HSA ( the HSA issues it directly to the insurer) and I continued to pay mine through the bank. There is one policy for us but two separate premiums ( I think due to our different ages).

For the past 6-7 months, I have literally had nothing but hassle after hassle in dealing with their customer service reps. For some reason, the billing dept absolutely cannot credit his premium properly to our account and I have spent countless hours on the phone each and every month trying to insure that the payments are received. I have verified and re-verified our account number (joint) as well as our individual LTC ID numbers. The payments are sent out electronically from our HSA directly to the insurance company and each month they claim that his payment has not been received. Then, magically, at the end of each month, they find the payment and it is then credited to the account. Then, the process starts over again. To date, I have spoken to Jasmine, Jackie, Ben, ( a manager ) as well as Louise and just today, I received a voice message from Josh indicating that my payment was behind and that I had coverage until 7/9/15 and my husband had coverage until 8/14/15! That message followed a conversation with Louise just last week ( on or about 6/23/15) confirming that we were paid through July.

As I indicated on the phone, each monthly premium for both of us has been paid on time in full but the billing dept in Philadelphia cannot seem to credit a check properly in spite of having all the requested identifiers on the check. Some months I am told to put the LTC ID number on the check, then the next month a different rep will direct me to put our account number on the check.

All of this happens IF I can even get through to their Boston reps after being routed through their rude reps in the Phillipines. The usual routine when I reach the various foreign reps is to grill me for information, then put me on hold so long that I eventually hang up. This incompetence is costing me between 2-3 hours every month and this is neither professional, effective, or at the very least quality customer service. I have been told that the HSA check for my husband's premium is " in suspense" although, to date, no one has been able to explain what that is, why it is "in suspense" or how to resolve the issue. I don't think that this company should be allowed to treat their policyholders in MN like this. I am able to get you cancelled checks if necessary from my bank and I can try to request copies from our HSA to prove prompt and full payment each month. We are not behind and I

have to fight this battle each month. There is literally no one there who will return calls, follow up, or solve the issue. However, each rep acknowledges and apologizes profusely for the problem referencing the notes kept for these monthly calls.

My information:

[REDACTED]  
[REDACTED]  
[REDACTED]

Phone-- home is [REDACTED] and cell is [REDACTED]. You are welcome to call and/or leave a message at either number.

Account number is [REDACTED]

My ID is [REDACTED] and my husband's ID [REDACTED] is [REDACTED]. My premium is \$185.01 monthly and his is \$214.77.

The address where the checks are mailed each month: John Hancock, GLTC, PO Box 7247-0356, Philadelphia PA 19170-0356

Please let me know if you need further info and I will be happy to promptly provide it. I would like someone from John Hancock to contact me directly in writing with a long term solution to alleviate this monthly aggravation. I would also like to be provided with a contact person ( name and direct phone number of a rep IN THE US) who is familiar with my problem and has the authority to do something besides apologize. I often wonder if they are trying to make it so difficult that policyholders will cancel their insurance. \*\*\*\*If it is this difficult to give them money in full on time each month what am I going to do if we need to make a claim and receive a benefit? That thought is really quite scary..\*\*\*

Thanks once again for your assistance in helping me resolve this. I hope you are able to help me break the myriad barriers I encounter on the phone and will reach someone who can actually solve this billing issue going forward.

[REDACTED]

**John Hancock Financial Services****Legal and Compliance, U.S. Insurance Compliance  
Customer Relations**John Hancock Place  
Post Office Box 111  
Boston, MA 02117Tel: (617) 572-8154  
Fax: (617) 572-6015  
Email: mquinn@jhancock.com**Mary R. Quinn, FLMI, ACS  
Consultant 1**

July 24, 2015

Minnesota Department of Commerce  
Yolande Bruce, Senior Investigator  
85 7th Place East, Suite 500  
Saint Paul, MN 55101Policy No.: Group LTC [REDACTED]  
Western National Insurance  
LTC IDs: [REDACTED]  
Insureds: [REDACTED]  
John Hancock Life Insurance Company (U.S.A.) NAIC # 65838  
JH File Nos.: [REDACTED]

Dear Ms. Bruce:

This letter is in response to your correspondence received at John Hancock on July 21, 2015, in reference to the billing issues for the Group Long Term Care certificates referenced above.

We have reviewed the billing process for these policies and find that because they are considered "joint", when the first premium check was received each month, the amount would be split between both policies. When the second check was received the amount was entered into a "suspense" account until the items were reconciled.

Effective September 1, 2015, the bills will be sent to each insured separately. We requested that they include the identifying information, i.e., the Group LTC policy number and LTC ID on their checks.

I have called Mrs. [REDACTED] and apologized for the problems they have encountered with our billing system and explained the resolution. Should [REDACTED] encounter any problem with their billings in the future, I've requested that they contact me directly.

Please contact me with any questions you may have in regard to this matter. Thank you

Sincerely,

Mary R. Quinn, FLMI, ACS  
Legal and Compliance, U. S. Insurance

---

**John Hancock Financial Services**

**Customer Relations**

John Hancock Place  
Post Office Box 111  
Boston, MA 02117



## FAXsimile Transmittal

**TO:** Minnesota Department of Commerce

**Fax:** (651)539-1887

Yolande Bruce, Senior Investigator

---

**From** Mary R. Quinn, FLMI, ACS

**Date:** July 24, 2015

(617) 572-8154 Telephone

(617) 572-6015 Fax

---

**MN File No:** N/A

**Number of Pages:** 2

**JH File Nos:** [REDACTED]

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This communication is intended only for the addressee(s) and may contain information that is privileged and confidential. You are hereby notified that, if you are not an intended recipient listed above, or an authorized employee or agent of an addressee of the communication responsible for delivering facsimile messages to an intended recipient, any dissemination, distribution or reproduction of the communication (including an attachments hereto) is strictly prohibited. If you have received this communication in error, please notify us immediately by a reply to the sender and permanently destroy the original facsimile communication and any attachment for all storage devices without making or otherwise retaining a copy.



Mr. Lowell Bye  
1281 Stephen Ln  
Chaska, MN 55318-1635

RECEIVED

JUL 22 2013

MAILROOM

**LIFE AND HEALTH**

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

**1. Complainant**

Your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: N/A  
Email Address: \_\_\_\_\_

**2. Insured**

Name (if same, write "same"): \_\_\_\_\_ (AGE 84)  
Relationship to the insured: \_\_\_\_\_ - POWER OF ATTORNEY, LONG TIME FRIEND,  
AND NAMED AS AGENT ON HEALTH CARE DIRECTIVE.

**3. Who is the complaint against?**

Name of Company, Agent/Broker, etc.: BANKERS LIFE AND CASUALTY  
Street Address: 111 EAST WACKER DR. SUITE 2100  
City: CHICAGO State: IL ZIP Code: 60601-4508  
(312) 396-6000 CUSTOMER SERVICE (800) 621-3724  
Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**4. Type of Insurance Involved (pick one)**

Individual Life       Group Life       Long Term Care  
 Individual Health       Group Health       Dental  
 Workers Compensation       Medicare Supplement       Other

**5. Policy Information**

Policy Number: [REDACTED]

Group or Certificate Number: \_\_\_\_\_

Name of Employer/Association (if group insurance) N/A

Effective Date: ISSUE DATE: MAY 1, 1997

**6. Claim Information**

Claim Number: \_\_\_\_\_

Date of Loss/Treatment: \_\_\_\_\_

**7. Reason for Complaint (check one or more)**

Claim Denial  Claim Dispute /Delay  Sales /Service

Premium /Rating Problem  Cancellation /Non-Renewal

Medical Necessity / Usual & Customary Reduction

Other (please specify) LACK OF RESPONSE, ERRORS IN PROCESSING.

**Details of my complaint:** (Please attach copies of all relevant documents including most recent correspondence from the company)

SEE ATTACHED ...

LONG TERM CARE POLICY COVERING:

(1) [REDACTED]  
JOB: [REDACTED], AND

(2) [REDACTED]  
JOB: [REDACTED]

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date 07/19/2013

Signature of Complainant [REDACTED]

**Mail written complaints to:**  
Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Suite 500,  
St. Paul, MN 55101

[REDACTED]

July 19, 2013

Minnesota Department of Commerce  
Attn: Consumer Protection & Education Division  
85 7<sup>th</sup> Place East, Suite 500  
St Paul, MN 55101

Re: Long Term Care Complaint against Bankers Life  
For [REDACTED]  
Policy # [REDACTED]

We wish to file a complaint against **Bankers Life and Casualty** because of their delaying tactics, their lack of clarity in response to claims, and for the number of errors in calculating payment to a policy holder. We are acting as the representatives for [REDACTED] (Age 84) and [REDACTED] (Age 90). On February 2, 2013 [REDACTED] was admitted to the hospital and subsequently on February 7, 2013 transferred to a Long Term Care Facility.

On February 5, 2013 [REDACTED] was admitted to a Memory Care Unit. Aware that they had a Long Term Care Policy on February 7<sup>th</sup> we called their company at (800) 621-3724 and were connected to an Intake Specialist. We verified the terms of the policy and obtained the appropriate claim forms. An elimination Period of 30 days had to be satisfied before we could file a claim. Basically this was a deductible that the policy holder had to pay "Out of Pocket".

Delays in Processing the first Claim

On April 15, 2013 we submitted claims by uploading them on the Banker's Life Website. Each provider of care also submitted the documentation required from them. Both [REDACTED] and [REDACTED] will verify that they had to submit information multiple times and felt the Insurance Company was using these requests as a delaying tactic. Finally on May 23, 2013 we received written confirmation that both [REDACTED] were eligible for benefits.

Miscalculation of the Elimination Period for [REDACTED]

Bankers Life owes [REDACTED] for an additional 11 days. Even though the initial claim provided documentation that [REDACTED] was in a Long Term Care Facility as of February 7 the effective date of his eligibility was shown as February 18. This was the date he was moved to a facility closer to his home not his original admission date. When we realized that the 11 days that he was at the first facility had not been counted in the elimination period we contacted Bankers Life on June 17<sup>th</sup>. Since these days had not been counted in the first remittance from Banker's Life they had shorted him 11 days of coverage. On June 25 we received written Confirmation from Dan Slusher, a Bankers Life Care Coordinator, stating that [REDACTED] was eligible as of February 7, 2013 and a voice message telling us that he had everything he needed to approve the days. On July 15 we called Bankers Life

[REDACTED]

[REDACTED]

[REDACTED]

inquiring about payment for these days only to be told that they required additional documentation which we faxed on July 17.

When Claims were paid the daily rate was incorrect resulting in overpayment and requiring paybacks  
Enclosed you will find documentation that Claims # [REDACTED] and # [REDACTED] were

all overpaid requiring us to pay them back. In addition, we anticipate that the same thing will happen with the most recent payment as it also was calculated at a higher daily rate than the policy allows. Our issue with this is the frequency in their errors requiring more paperwork for the policy holder or their representative. This company is dealing with vulnerable older adults and it seems to have no sensitivity to the complexity of their process.

Waiver of Premium

The Policy also allows that once the owner starts to receive benefits the premium will be waived. We consulted with a local Bankers Life representative out of their Edina Office named Dane (cell phone [REDACTED]). We were advised to continue to pay the monthly premium of \$541 until the first claims were actually paid at which time any premiums paid in excess we were told by Dane would be refunded. The first claims were paid on May 24 at which time we had already paid the June Premium and have subsequently received an Invoice for the July Premium. On June 17<sup>th</sup> we called Bankers Life to inquire about the refund of the June Premium and the waiver of subsequent premiums only to be advised that we had to file a claim for this. Per Banker's Life Check # [REDACTED], dated 07/11/2013, the Premium is being waived as of 07/01/2013 but at the very least it should have been waived as of 06/01/2013.

If you can assist in expediting the resolution of the outstanding 11 days and the refund of the June Premium we would appreciate your assistance. In addition, we would like the consumer record to show our dissatisfaction in dealing with this company.

Our Contact Information should you have any questions is:

[REDACTED]

Sincerely,

[REDACTED]

**RECEIVED**

**AUG 26 2013**

**MAILROOM**

August 22, 2013

Minnesota Department of Commerce  
Consumer Protection & Education Division  
85 Seventh Place East,  
St. Paul, MN, 55101

Dear Sir:

My wife and I bought a long-term care insurance policy in 2003 with the assurance that if we didn't place a claim, we would receive some of our money back.

My wife recently had [REDACTED] and was in the hospital and then the nursing home. I called the insurance company, and they have a three-month deductible. I paid \$10,000 for one month and took my wife home after two weeks. They don't cover home care, we were told, so we have paid in about \$50,000, which neither of us will ever be able to use. This policy pays about \$4,000 per month and we can't afford the other \$6,000.

So I asked about the return of premium rider we had purchased and was told, "We changed that in 2006." The way the policy is written, we would have been eligible for a refund after ten years of 80 percent or about \$40,000. All I can find is the original policy (a copy is enclosed).

This appears to be a scam. They sell a lot of policies because you are told you will get some premium back if you don't use it. Then before you have time to need it, they rewrite the policy.

Please check into this.

Thank you.

Sincerely,  
[REDACTED]

[REDACTED]

Enclosures

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [REDACTED]  
Street Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]  
Home Phone: [REDACTED] Work Phone: N/A  
Email Address: [REDACTED]

2. Insured

Name (if same, write "same"): [REDACTED]  
Relationship to the insured: \_\_\_\_\_

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: Guaranteed Trust Life Ins. Co.  
Street Address: 1275 Milwaukee Ave  
City: Glenview State: IL ZIP Code: 60025

Name of Company, Agent/Broker, etc.: [REDACTED]  
Street Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

4. Type of Insurance Involved (pick one)

Individual Life       Group Life       Long Term Care  
 Individual Health       Group Health       Dental  
 Workers Compensation       Medicare Supplement       Other



**Rick Golinvaux**  
Long-Term Care Insurance Specialist  
ID #20155947

1635 Associates Drive / Suite 101 / Dubuque, IA 52002  
Toll Free: 800-765-1454 Ext. 200 / Phone: 563-557-2504  
Fax: 563-557-9180 / Web: www.pltnm.com

**5. Policy Information**

Policy Number: \_\_\_\_\_  
Group or Certificate Number: \_\_\_\_\_  
Name of Employer/Association (if group insurance) \_\_\_\_\_  
Effective Date: 4/23/03

**6. Claim Information**

Claim Number: \_\_\_\_\_  
Date of Loss/Treatment: \_\_\_\_\_

**7. Reason for Complaint (check one or more)**

- Claim Denial
- Claim Dispute /Delay
- Sales /Service
- Premium /Rating Problem
- Cancellation /Non-Renewal
- Medical Necessity / Usual & Customary Reduction
- Other (please specify) \_\_\_\_\_

**Details of my complaint:** (Please attach copies of all relevant documents including most recent correspondence from the company)

*See letter + attached policy*

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date

Signature of Complainant

\_\_\_\_\_

Mail written complaints to:  
Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Suite 500,  
St. Paul, MN 55101

**Pilot, Lisa (COMM)**

---

**From:** [REDACTED]  
**Sent:** Friday, November 08, 2013 1:02 PM  
**To:** #COMM\_Consumer Protection; [REDACTED]  
**Subject:** insurance complaint

Department of Insurance/CNA Long Term Care;

Regarding: Acct # [REDACTED]  
[REDACTED] DOB [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

I am writing to file a complaint regarding the long term care insurance company CNA Insurance Companies, Continental Casualty Company. My 90 year old [REDACTED] has a policy with them and filed a claim on Feb 5, 2013. He went through their assessment process and they determined he was eligible. Following his 90 day elimination period, they began reimbursing his expenses. However, after receiving only 2 payments, [REDACTED] had to move into a new facility as the original facility felt they could not adequately meet his needs. I contacted CNA immediately when we found out he had to move and also when we had a moving date. They did explain that it typically takes 30 business days to approve a new facility. My notes say I contacted CNA and gave them the new facility's contact information on July 5, 2013--I believe they have the date as July 9th. (They did also reimburse him for a claim from July 1-12 from the old facility).

From that time on, I have found it necessary to call frequently. I was in very close contact with the new facility ([REDACTED]) and asked them several times whether they had been asked for information--initial assessment, license etc. It wasn't until the end of July that any contact was made. I talked with the new facility and they sent out the requested information, which I believe was the license and care plan.

I made the mistake of not calling CNA for much of August, feeling that things would progress. When I called on Aug 30th, I was told they had not received everything they needed from the new facility but they would contact them. I again gave them the fax number and phone number of the person to contact. I called the facility on Sept 4th to find that they still had not received a request for info. I called CNA again and the intake person on the phone said she would fax them that day, although that is usually not what she does.

I was told by CNA on 9/20/2013 that all required information from the new provider, [REDACTED] had been received as of 9/18/13 and they had 5-7 business days from the 18th to update his care plan to the new provider and then he would start receiving his reimbursements. That date would have been 9/27/2013. My next phone call on the 30th, I was told that they had 10 business days, not 5-7. This would have been 10/2. I was told that his case would be "escalated" on 10/3 if they had yet to approve the new provider. This WAS done on the 3rd and I was told that they had 3 business days to resolve the issue. When I called on the 10/9 I was told that it looked like [REDACTED] had been approved but would need 10 days to process claims. I was also told that his case was being escalated again to her manager. When I called on 10/17, I was told that [REDACTED] was an eligible provider but that it had NOT been approved yet. I was transferred to a manager who then forwarded his case to a supervisor of the care manager team.

Finally on Oct 24th, I was told that his new facility was approved and that his outstanding claims from July, Aug and Sept were being "processed as we speak". When I called on 11/1 to find out if they truly were processed, I was told they were in review and they had 10 days. I called on 11/5 to let them know that if they

have not processed his claims within the timeline, I would be filing a complaint. My final call was this morning 11/8. The response I received was that his claims had not been released by the care manager to be processed and that it has been escalated yet again.

I contacted CNA in early July to start this process to a new facility. It is now November 8th. He has not received any reimbursement since July 13th. (He pays out of pocket and is reimbursed). Initially, I was confident he would get his payments but now feel obligated to file a complaint due to the inconsistencies of what I have been told and due to CNA not following their own timelines. [REDACTED] has me as a strong advocate but many people do not. This should be regulated.

I have kept a log of the dates I called and a summary plus the name of who I spoke to. Initially I was not as detailed as I should have been because I didn't realize what a problem it would be. What do elderly people who have this insurance do if they don't have someone watching out for them? [REDACTED] had a contract with them and paid a large premium for several years and it should not be this lengthy of a time to receive reimbursement. I have called 18 times since he moved into his new facility. I strongly believe if I had NOT done that, the new facility would still not be approved. I cannot operate in this way in my profession and they should hold to the timelines that they have themselves set up.

If you need any further information from me, please email, or call [REDACTED].

Thank you for any help you can give me in resolving this.

[REDACTED]  
Power of Attorney for [REDACTED]

RECEIVED

12/10/2013

DEC 12 2013

MN Dept of Commerce  
Insurance Divn  
85-7th Place East, 3500 Suite  
St Paul MN 55101

MAILROOM

I am [REDACTED], Retired 22 year US Army Vet. with 6 1/2 years Combat in Vietnam War.

Present address [REDACTED] telephone [REDACTED]  
[REDACTED] (Mornings or after 430 PM) Insurance Medicare and Tri Care for Life.

Long Term Insurance Co, Cedar Rapids, IA, admin office  
PO Box 93020, Hurst, TX 76053 from 1999 to 2001,  
as Banker United Life Insurance Co.  
as Life Insurance Ins Co of America, Hurst TX 76053  
in 2003  
as Transamerica Life Ins Co, PO Box 75302, Hurst, TX  
76053 since 2012.

My wife [REDACTED], held policy # [REDACTED]  
since 1999. On 01 Oct 2012 she moved to [REDACTED]  
[REDACTED], [REDACTED], [REDACTED] where she still  
resides.

On 15 Nov 2013 I received a letter from Hurst TX  
advising me that the Ins Co had overpaid \$350 by [REDACTED]  
going to a hospital (Copy enclosed). I object to this.

Later Hurst notified Freedom Swing Center that they  
determined [REDACTED] and myself get Government assistance  
on hospital bills due to my being a Retired Veteran. I  
also object to this and feel that is a violation of Government  
policy regarding military Veterans.

Yours Truly  
[REDACTED]

**LIFE AND HEALTH**

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

**1. Complainant**

Your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. Insured**

Name (if same, write "same"): Same  
Relationship to the insured: \_\_\_\_\_

**3. Who is the complaint against?**

Name of Company, Agent/Broker, etc.: Genworth Life  
Street Address: 3100 Albert Larkford Drive  
City: Lynchburg, VA State: VA ZIP Code: 24501

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**4. Type of Insurance Involved (pick one)**

Individual Life       Group Life       Long Term Care  
 Individual Health       Group Health       Dental  
 Workers Compensation       Medicare Supplement       Other

**RECEIVED**

DEC 11 2013

**MAILROOM**

**5. Policy Information**

Policy Number: See Attached Underwriting Decision

Group or Certificate Number: \_\_\_\_\_

Name of Employer/Association (if group insurance) \_\_\_\_\_

Effective Date: \_\_\_\_\_

**6. Claim Information**

Claim Number: \_\_\_\_\_

Date of Loss/Treatment: 10/8/2013

**7. Reason for Complaint (check one or more)**

Claim Denial  Claim Dispute /Delay  Sales /Service

Premium /Rating Problem  Cancellation /Non-Renewal

Medical Necessity / Usual & Customary Reduction

Other (please specify) Denial

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

- 1) Genworth Life denied my LTC application. They notified me 10/8/13 - see attached
- 2) I notified them by mail on 10/8/13 with request form supplied by agent, Steven Hemming,
- 3) ~~\_\_\_\_\_~~ also requested on 10/8 or 9 for same denial info. He asked company for response several times.
- 4) Genworth states to respond within 30 days. S/A.
- 5) It is now 60 days + I have no response.

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date 12/10/13

~~\_\_\_\_\_~~  
Signature of Complainant

**Mail written complaints to:**  
Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Suite 500,  
St. Paul, MN 55101

Pilot, Lisa (COMM)

---

From: [REDACTED]  
Sent: Tuesday, December 24, 2013 2:45 PM  
To: #COMM\_Consumer Protection  
Subject: Complaint on behalf of my 94 year old [REDACTED] deceased-[REDACTED]  
[REDACTED] Thrivent Financial for Lutherans--Long Term Care Insurance

Dear Sirs:

I wish to file a complaint regarding [REDACTED] long-term care insurance carrier—Thrivent Financial for Lutherans.

[REDACTED] died on [REDACTED] (age 94), so this may be a moot point. But I file for the sake of other vulnerable older adults who can easily be intimidated by the many complex systems which they need to navigate for the sake of survival—having paid in on premiums for decades—trusting they can collect when the need appears.

[REDACTED] (also a carrier of long-term care insurance and never needing to collect) died in 2009 at age 89, leaving [REDACTED] to live at his residence by himself for these past 4 ½ years in [REDACTED]. He lived independently up until 5 days before his death and he did so with great dignity—despite the fact he was close to totally blind (glaucoma-30 years, macular degeneration-25 years), suffered from congestive heart failure and acute myelogenous leukemia (AML).

Though he valued his independence, he knew he was increasingly in need of more and more assistance/supports. Over the past 18 months we had numerous conversations about his entering assisted living and even skilled nursing care. [REDACTED] proceeded to have conversations with his Thrivent Agent but went away discouraged—believing he did not qualify (not sick enough or in need of enough assistance). As [REDACTED] became older, he did become increasingly passive and less of a fighter. Consequently, he did not push the issue of pre-qualification for long-term care. (I also had conversation with the Dawson Thrivent agency and did not feel encouraged to push forward with moving [REDACTED] into a center on the above premises that [REDACTED] would not qualify. One of these conversations took place on [REDACTED] [REDACTED]—2 days after [REDACTED] death).

██████ had very limited financial reserves, so with the above discouragements, he was bound and determined to stay alone—so as to not quickly exhaust his financial resources.

Finally, on December 2, 2013, I sat down with ██████ and insisted we complete all the forms and aggressively push the issue—even if we had to enlist legal counsel. ██████ ended up with a heart attack at his home on ██████ and died on ██████

██████ paid in to Thrivent long-term care for more than 20 years. I would like to think that when vulnerable adults are trying to make the difficult decision to move into institutional care—especially when 94 years old, blind, and suffering from congestive heart failure and AML, that they would receive encouraging, helpful, compassionate assistance from those who have profited from receiving monthly premium payments. He received quite the contrary.

I do believe his estate is due a dollar amount totaling a minimum of 5 years of premiums because of the absence of help when ██████ needed it.

I also believe Thrivent deserves a reprimand or rebuke if this is, indeed, the value system they have adopted to maximize profits and minimize pay-outs. (This behavior is especially repulsive when Thrivent carries the banner of 'Lutheran' or 'Christian').

I also believe Thrivent needs to be monitored more closely in the future regarding its treatment of vulnerable adults.

Thanks for your consideration.

Sincerely, ██████

**Pilot, Lisa (COMM)**

---

**From:** [REDACTED]  
**Sent:** Monday, January 06, 2014 3:31 PM  
**To:** #COMM\_Consumer Protection  
**Subject:** Longterm Insurance Complaint on behalf of [REDACTED]  
**Attachments:** [REDACTED]

Dear Minnesota Commerce Department:

I write to file a complaint about Great American Insurance Group, which holds a longterm-care insurance policy for my 91-year-old mother, [REDACTED]. My mother's policy number: [REDACTED]. The company's address: P.O. Box 203098, Austin, TX 78720-3098. Phone: 866-830-0607.

Information about my mother:

[REDACTED]  
As of November 1, 2013, she resides at [REDACTED].  
My mother has dementia; she suffered a stroke in October 2013; and she fractured her hip in Dec 2013.

History of communication with Great American Insurance Group:

— Nov. 7, 2013. I phoned Client Services to request a copy of my mother's longterm-care policy and to ask about the claim process. I was told it will take up to 30 days to receive a copy of the policy. (I have records of my mother's payments to the company over the years, but I cannot locate a copy of the policy among her papers.)

— Nov. 21, 2013. Spoke with GAIG again to initiate the claim process (my mother's coverage under Medicare ended on Nov. 21; during my conversation with GAIG on November 7th, they said to file a claim when Medicare ends, so I followed those instructions). Still no copy of the policy has been received, although it was promised again during this phone call.

— Dec. 19, 2013. Called GAIG again to make sure they have all portions of the claim. They said yes (i.e., the claim submission is complete), and that the claim is being reviewed — and the review process will take up to 30 days. Still no copy of the policy. This time, I was told that their company was purchased from another insurer and that my mother's policy is in the "archives." A decision about my mother's claim should be reached by January 19.

— Jan. 6, 2014. Still have not received a copy of the policy. Sent an email today to ask about the status.

I need to obtain a copy of my mother's insurance policy as soon as possible. I am being proactive because some of my parents' friends in Hibbing — who purchased these longterm policies at the same time — have had difficulty collecting from this company.

Attached is a Power-of-Authority for me, together with a death certificate for my father (he, too, is named on the power-of-attorney).

Thanks so much for your help.

Sincerely,

[REDACTED]

RECEIVED

JAN 23 2014

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

MAILROOM

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [REDACTED]  
Street Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]  
Home Phone: [REDACTED] Work Phone: [REDACTED]  
Email Address: [REDACTED]

2. Insured

Name (if same, write "same"): SAME  
Relationship to the insured: \_\_\_\_\_

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: CNA  
Street Address: PO BOX 64912  
City: ST PAUL State: MN ZIP Code: 55164-0912

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

4. Type of Insurance Involved (pick one)

- Individual Life
- Individual Health
- Workers Compensation
- Group Life
- Group Health
- Medicare Supplement
- Long Term Care
- Dental
- Other

**5. Policy Information**

Policy Number:   
Group or Certificate Number: \_\_\_\_\_  
Name of Employer/Association (if group insurance) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**6. Claim Information**

Claim Number: \_\_\_\_\_  
Date of Loss/Treatment: 7/30/13 - PRESENT

**7. Reason for Complaint (check one or more)**

Claim Denial                       Claim Dispute /Delay                       Sales /Service  
 Premium /Rating Problem                       Cancellation /Non-Renewal  
 Medical Necessity / Usual & Customary Reduction  
 Other (please specify) \_\_\_\_\_

**Details of my complaint:** (Please attach copies of all relevant documents including most recent correspondence from the company)

*SEE ATTACHED*

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date  
*1/19/2014*

Signature of Complainant  


**Mail written complaints to:**  
Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Suite 500,  
St. Paul, MN 55101

JULY 30, 2013 WENT TO EMERGENCY - LAKEVIEW Hosp  
BROKEN FEMUR

JULY 31 SURGERY - 3 DAY STAY IN LAKEVIEW

AUG. 3 WENT TO BOUTWELL LANDING FOR REHAB

OCT. 11, 2013 CAME HOME - OVERNIGHT CARE BRIGHT STAR

12 HRS. 9AM - 9PM TO DEC. 8th 2013

OCT 11, 2013 LAKEVIEW HOMECARE 9AM TO 1PM

UNTIL 12-20-13 THEN 12-20-13 TO —

9AM TO 11:30

rec 1-8-17



December 30, 2013

[REDACTED]

Policy holder: [REDACTED]  
Policy Number(s) [REDACTED]  
Continental Casualty Company

Dear [REDACTED],

We have determined that you meet the policy requirements for benefit eligibility and your provider [REDACTED] also meets the requirements of the policy.

Your policy has a 30-day elimination period requirement which must be satisfied in chronological date order beginning 08/03/2013.

In order for your claim to be processed correctly, we are in need of Supplemental forms and itemized Billing Invoices (Even if medicare covered) for the dates of care from 08/03/2013 to Present. We request you to submit the requested information by 01/19/2014. If we do not receive the requested information by the specified date, we will proceed with processing your claim with the current information received. Unfortunately, once these dates of service are processed towards your 30-day elimination period requirement, they can not be changed.

If you have any questions, please call our Customer Service Representatives at 1-800-2621037, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time.

Sincerely,

Tammy Brooks  
Long Term Care Claims/vshatam

Cc:

[REDACTED]



P.O. Box 64912  
St. Paul MN 55164-0912  
1-800-775-1541  
Fax: 952-983-5193

December 2, 2013

[Redacted]

RE: Insured: [Redacted]  
Policy Number [Redacted]  
Continental Casualty Company

Dear [Redacted]:

This letter is in follow up to our letter on November 6, 2013 and November 19, 2013 regarding your request for benefits.

We continue to be unable to complete processing of your benefits request. To date, the following information has been requested, but not yet received:

A nursing assessment is needed to complete an assessment of your claim. You will be contacted by a representative to schedule a time for the assessment that is convenient for you.

To ensure timely processing of your request for benefits, please provide the outstanding requirements as indicated above no later than December 21, 2013. Your assistance in providing or obtaining this information is requested to prevent possible closure of your request for benefits. If this information is not received by December 21, 2013, your request for benefits will be closed. However, if the outstanding requirements are received after this date, we will continue our review of your request for benefits and adjust the status of your claim accordingly.

If you have any questions about this request, please call our Customer Service Representatives at 1-800-262-1037, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time.

Sincerely,  
Claims Support  
Long Term Care Claims

*1-8-14 called 11:05  
put on hold 11:25  
waiting for claims  
specialist ~~to call~~ on*

*called 1 PM  
11-25-13  
DENISE*

*left on hold  
bring up 11:52  
redialed  
bring up 12 Nov 13*

*called Amber 12-26-13 2 PM  
NURSING  
assessment  
Lindsey - Nov. 27th 1:30  
called Jan 8-  
11:05 ans 11:25 - put on hold  
return*

rec. 11-25-13



P.O. Box 64912  
St. Paul MN 55164-0912  
1-800-775-1541  
Fax: 952-983-5193

November 19, 2013

[REDACTED]

RE: Insured: [REDACTED]  
Policy Number [REDACTED]  
Continental Casualty Company

Dear [REDACTED]

This letter is in follow up to our letter on November 6, 2013 regarding your request for benefits.

We continue to be unable to complete processing of your benefits request. To date, the following information has been requested, but not yet received:

A nursing assessment is needed to complete an assessment of your claim. You will be contacted by a representative to schedule a time for the assessment that is convenient for you. *CNA EMPLOYEE NURSE LINSEY NOV. 27<sup>th</sup>, 2013 1:30 PM*

To ensure timely processing of your request for benefits, please provide the outstanding requirements as indicated above no later than December 21, 2013. Your assistance in providing or obtaining this information is requested to prevent possible closure of your request for benefits. If this information is not received by December 21, 2013, your request for benefits will be closed. However, if the outstanding requirements are received after this date, we will continue our review of your request for benefits and adjust the status of your claim accordingly.

If you have any questions about this request, please call our Customer Service Representatives at 1-800-262-1037, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time.

Sincerely,  
Claims Support  
Long Term Care Claims



P.O. Box 64912  
St. Paul MN 55164-0912  
1-800-775-1541  
Fax: 952-983-5193

November 11, 2013

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: Insured: [REDACTED]  
Policy Number [REDACTED]  
Continental Casualty Company

Dear [REDACTED]

This letter is in follow up to your request for benefits under your long-term care insurance policy.

We continue to be unable to process your request as we have not received information needed to complete our eligibility review. To date, the following information has been requested, but has not been received:

From [REDACTED]

- Daily visit notes
- The plan of care or service plan
- Nursing assessment if available
- All invoices or billing statements
- License

We have requested this information from your provider, and will continue to work with your provider to receive the above information. To expedite our receipt of this information, you may wish to contact your provider and direct them to submit the missing information to us. Without this information, the processing of your claim may be delayed.

Administered by Long Term Care Group, Inc.

If you have any questions about this request, please contact our Customer Service Representatives at 1-800-262-1037, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time.

Sincerely,

*Melinda Stanley*

Melinda Stanley  
Claims Support  
Long Term Care Claims



P.O. Box 64912  
St. Paul MN 55164-0912  
1-800-775-1541  
Fax: 952-983-5193

November 6, 2013

[REDACTED]

RE Policy Number [REDACTED]  
Continental Casualty Company

Dear [REDACTED]

We are pleased to inform you that your long-term care claim has been approved, as you qualify for benefits under the terms of your policy. Based on the information submitted, you became eligible for benefits as of August 3, 2013. Please note, your policy contains a 30 day Elimination Period which must be satisfied before reimbursement will commence.

Your benefit eligibility period is approved from August 3, 2013 to October 11, 2013, provided you qualify for benefits under your policy throughout that time period. If we determine that your eligibility ceased prior to October 11, 2013, your benefits will terminate as of the date you no longer qualified.

In addition, any expenses incurred on or after October 11, 2013 cannot be applied towards your Elimination Period and will not be reimbursed until an eligibility reassessment has been completed and we confirm that you continue to qualify for benefits. Your benefit eligibility will be reviewed prior to October 11, 2013.

Your service provider(s), Boutwells Landing Care Center, meets the requirements as outlined in your policy.

Please also note that your policy contains specific terms and conditions which govern whether a particular long-term care service provider may be covered. You should therefore carefully review your policy to ensure that any proposed provider satisfies your policy's requirements. We also recommend that you contact us before hiring or changing service providers so that we may review the potential for coverage for that provider with you.

*D*

Administered by Long Term Care Group, Inc.

Attached to this letter is your Plan of Care Summary, which documents the specific type, level, frequency and duration of the long-term care services you require. This summary also includes the formal and informal service providers that assist you in meeting your needs, and promoting your safety and well-being. We encourage you to contact us before making any changes in the type, level, frequency or duration of care or change providers of care so that this Plan of Care can be updated and to assure you receive the appropriate reimbursement under your policy. If you make changes without prior notification to us, expenses you incur for that care may not be covered. Changes to your Plan of Care are subject to all terms and conditions of your long-term care policy.

Included is additional information which describes the claims process. Please contact us at 1-800-262-1037, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time if you have any questions regarding this letter or the enclosed information.

If you have already submitted bills for claims processing, you will receive an Explanation of Benefits under separate correspondence. If you have invoices or billing that have not been submitted, please submit them at your earliest convenience to the above address or fax to 1-952-983-5194.

Sincerely,

*Erica Frideres, LSW*

Erica Frideres, LSW  
Care Manager III  
Long Term Care Claims

1030 Briar Glen Cove  
Woodbury, Minnesota 55129

**RECEIVED**

JAN 28 2014

**MAILROOM**

Minnesota Department of Commerce  
85 7th Place East, Suite 600  
St. Paul, MN 55101-3165

January 16, 2014

To the Consumer Response Team;

I have been trying to file a claim for Long Term Care (LTC) benefits for my mother since May 2013. Following repeated delays, requests for additional information and ultimately denials from her LTC company, I am at a loss and looking for guidance.

My name is [REDACTED] and I have Power of Attorney for my 79 year old mother, [REDACTED]. Following the death of my father in 2009, Mom moved from [REDACTED] to a townhome in [REDACTED] in order to be closer to my sister and me. With assistance from us, she was able to live independently. Mom began taking Aricept (generic Donepezil) for mild to moderate Alzheimer's type dementia in March 2011.

In 2012, Mom's increasing memory challenges seemed to be affecting her ability to manage her medications. Mismanagement of her pain meds resulted in a number of hospitalizations as well as extended periods of time confined to her bed as a result of severe back pain. Due to an increasing inability to care for herself as well as safety concerns, Mom moved to an assisted living apartment at [REDACTED].

Since Mom's medication has been managed by the assisted living facility, there have been no pain related hospitalizations and with access to prepared meals, she has gained back some weight. While her pain episodes have stabilized, her memory loss has increased. When it became apparent that Mom was dependent on the assistance and care she was receiving in the facility, I began the process of filing a claim for her LTC coverage. I've attempted to outline pertinent information below:

#### Medical History

Primary care doctor since 2010, [REDACTED]. Some of her medical problems from MyChart:

- Memory change – Alzheimer's type dementia
- Spinal stenosis of lumbar region
- T12 compression fracture, pathological fracture of pelvis, pathologic compression fracture of spine, non-traumatic compression fracture of thoracic vertebrae
- Osteoarthritis
- Fibromyalgia

- Idiopathic peripheral neuropathy
- Osteoporosis
- Atherosclerosis
- Chronic pain syndrome
- Acute low back pain
- Sacroiliac joint pain
- Hip and knee replacements

### Long Term Care Insurance

- LTC policy purchased June 1995 by my father, [REDACTED] while a college professor in Rochester, Minnesota
- MEA-Sponsored Long Term Care Plan  
Underwritten: Bankers United Life Assurance Company, Midwest Benefit Advisors
- Following my dad's death in January 2009, we were informed that mom's LTC premium no longer needed to be paid due to benefit provision
- Transamerica Life Insurance Company  
Home office: Cedar Rapids, Iowa  
Long Term Care Division  
P O Box 93019-3019  
Hurst, Texas 76053-3019  
Telephone (866) 745-3545
- Policy # [REDACTED]

I began the process of filing a claim in May of last year. The claim was denied in August 2013. Following a month of gathering additional supporting documentation from her doctor and nursing staff at the assisted living facility, I filed an appeal in October. The appeal was denied in December. Mom's doctor has been very instrumental in providing supporting documentation throughout this process.

### Claim Filing Timeline

- |         |   |
|---------|---|
| 5/24/13 | Contacted Transamerica requesting information on how to file a claim.   |
| 6/3/13  | Received "What to Expect...During Long Term Care Claims Process" and Notice of Claim Form from Transamerica.  |
| 6/9/13  | Sent completed Notice of Claim Form and copy of Power of Attorney to Transamerica as requested.   |
| 6/17/13 | Letter from Transamerica confirming receipt of notice of claim. We would be contacted by a Univita representative to schedule an assessment of Mom. Transamerica asked for copy of POA again in order to proceed. |
|         | Sent Transamerica another copy of POA.  |
| 6/24/13 | Notification from Transamerica that they had received a "billing statement" and would   |

process claim within next 10 business days. Not sure what this was, but assumed it was referencing the copy of the POA I had sent the previous week.

- 7/1/13 On-site Univita nurse assessment of mom performed. Earliest available time. Nurse: [REDACTED]
- 7/24/13 Transamerica letter confirming receipt of documentation. Assume they are referring to assessment documentation. Stated they were still missing Current Facility Plan of Care or Service Plan and an Admission Nursing Assessment. Although Univita was responsible for collecting this information, the letter encouraged me to also contact Walker Methodist. I did so, requesting that the required information be sent ASAP. Appeared there was a miscommunication between Walker and Univita nurse.
- 7/29/13 Called Transamerica for an update; was told would be hearing shortly.
- 7/30/13 Notification from Transamerica that they had received a "billing statement" 7/22/13 and would process claim within next 10 business days. Not sure what this was, but assumed once again that it was a form letter and was referring to assessment documentation.
- 8/6/13 Called Transamerica requesting update, spoke with Junior. Was told I would be hearing from Transamerica shortly.
- 8/9/13 Called Transamerica, spoke with Stephanie. Frustrated with ongoing delays and lack of information, I requested to speak to a supervisor. Connected with supervisor, Courtney. Was told she would look into it and call back Monday.
- 8/12/13 Courtney called and informed me the claim had been denied. I had a lot of questions, so she connected me with Skyler who had reviewed the claim. I was told that the decision had been made, but based on the "additional information" I was sharing over the phone, I should file an appeal. When asked what the formal process was to file an appeal, I was told there was none but to write a letter and include any "additional information" I thought would be helpful.
- Received denial letter from Transamerica later that day.
- 8/20/13 Called Transamerica to clarify appeal process, spoke with Rebecca. No additional information on process.
- Worked with mom's primary care doctor and the nurses at the assisted living facility to gather supporting documentation for appeal.
- 10/3/13 Filed appeal, including letter from Dr. [REDACTED] which she states mom has a "significant cognitive deficit". Also submitted copy of the nurse's notes from [REDACTED] as supporting documentation.
- 10/24/13 Transamerica letter stating they had requested additional information from Dr. LaFrance about mom's "significant memory deficit".
- Called Dr. [REDACTED] to make sure she knew about additional requested information.
- 11/7/13 Transamerica letter stating they still hadn't heard back from Dr. [REDACTED].
- Called Dr. [REDACTED] and confirmed information had been sent November 3, 2013.
- 11/19/13 Transamerica letter stating they had received information from Dr. [REDACTED] but had further questions in regard to mom's cognitive status.

- 12/10/13 Called Transamerica for update, spoke with Prudence. Told would hear shortly.
- 12/13/13 Letter from Transamerica denying appeal.
- 12/19/13 Called Transamerica regarding denial, spoke with Lauren. When asked what I should do next, she said appeal with additional information or suggested I contact the Department of Commerce.

Almost 20 years ago, when my parents first bought their LTC policy, they did so believing it was a financially responsible decision for their future. They encouraged my husband and me to purchase a policy too and although we were in our early 30's, we did. Based on the past 8 months, I'm concerned we made a mistake.

This process has been exceedingly difficult. Phone calls to Transamerica resulted in excessive wait times, usually up to an hour. Depending on who I spoke to, there were different interpretations of the contract. One example was being told Mom must be unable to perform 3 ADLs and have a cognitive impairment in order to qualify for benefits. When I reminded them that the contract actually said 3 ADLs or a cognitive impairment, then the focus changed to requiring "continual supervision". I explained that is why she is in assisted living with access to 24 hour medical care, an emergency call necklace worn at all times and 3+ "in person" checks a day. Although there was no definition of continual supervision in the contract, I was told it basically meant 24/7 supervision, i.e., someone with her all the time.

When Transamerica seemed to disregard her doctor's input, I asked about the credentials of the people reviewing the submitted information. I was told "people who are trained to interpret what the doctor writes".

As my mother's health continues to deteriorate, the constant delays have made a stressful situation that much worse. At times, it has felt like Transamerica is stalling in hopes we will give up and drop the claim. It is painful and challenging enough to lose a parent to Alzheimer's, without having to battle their long term care company. I would really appreciate any assistance you can provide.

Sincerely,

A large area of the document is redacted with thick black horizontal bars, obscuring the signature and any text below it.

Enclosure(s): Denial letter, Appeal , Appeal denial letter, Copy of original contract, Copy of contract sent by Transamerica



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P. O. Box 93019, Hurst, TX 76053-3019  
Telephone: (866) 745-3545  
Fax: (866) 630-7502

August 12, 2013

[REDACTED]  
[REDACTED]  
[REDACTED]

RE: Policy # [REDACTED]  
Claimant: [REDACTED]

Dear [REDACTED]

We are writing in regard to a claim received in our office requesting Assisted Living Facility Benefits. We are not always able to approve benefit requests.

The policy you purchased has specific criteria for the services requested. The policy states on page 13 in pertinent part:

Under the Assisted Living Facility Benefit Conditions: "To qualify for Assisted Living Facility Benefits: (1) We must receive a Plan of Care."

Page 10 of the policy defines Plan of Care as: "A written document prepared and signed by either: (1) for Nursing Home, Respite Care, Home Health Care, Assisted Living Facility, and Adult Day Care, a registered nurse or licensed social worker that specifies Prescribed Long-Term Care services or treatment that are consistent with an assessment of Your inability to perform at least 3 of 6 of the Activities of Daily Living or required because of Cognitive Impairment."

For the purposes of your policy, each of the following 6 basic functions is Activities of Daily Living: Dressing, Eating, Toileting, Transferring, Continence, and Bathing.

Cognitive Impairment is defined on page 7 of the policy as: "Deterioration or loss of Your intellectual capacity which requires continual supervision as measured by clinical evidence and standardized test which reliably measure Your impairment in the following areas: (1) your short or long term memory; and (2) Your orientation as to person (such as who You are), place (such as Your location) and time (such as day, date, and year); and (3) Your deductive or abstract reasoning."

A recent onsite assessment completed on July 1, 2013, by a nurse from an independent care coordination company, indicates that you need assistance with bathing, but are otherwise independent with your Activities of Daily Living ("ADLs"). Cognitive testing indicates you scored 21 points out of a possible 30 points on the Mini-Mental State Examination, and 7 out of a possible 10 of the Short Portable Mental Status Questionnaire (SPMSQ). These scores are not indicative of a Cognitive Impairment.

Information received from [REDACTED] shows they provide supervisory assistance with bathing, but that you are independent with your other ADLs.

In summary, since you do not require assistance with 3 of 6 Activities of Daily Living or have a cognitive impairment as required by the policy, you are not eligible for Assisted Living Facility Benefits at this time.

If you disagree with this claim determination, you may appeal the decision by submitting a written request along with any additional information you believe we should consider in further review of this matter to the address below.

**Transamerica Life Insurance Company  
Attn: Claims Department  
PO Box 93019  
Hurst, TX 76053**

You are a valued customer and we wish to provide the best possible claims service. If you have any questions, we may be reached at the address listed above or by telephone at 1-866-745-3545.

Respectfully,



Skyler Pulliam  
Personal Care Advisor  
Long Term Care Claims

Enclosures



**Pilot, Lisa (COMM)**

---

**From:** [REDACTED]  
**Sent:** Sunday, February 16, 2014 5:53 PM  
**To:** #COMM\_Consumer Protection  
**Subject:** Complaint against Bankers Life & Casualty

Please send me an email when you receive this at: [REDACTED] - so I know it got to the right place. Thank you. [REDACTED]

Name of Insured [REDACTED]  
Mailing Address & Caregiver's Address [REDACTED]  
Residence [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
Name of Caregiver [REDACTED]  
Phone # of Care Giver [REDACTED]  
Insurance Company Bankers Life & Casualty  
Policy No. [REDACTED]

We have had problems getting a check mailed to us at least 4 times (maybe 5). This last time, Bankers Life claim they never received the FAX. The 30<sup>th</sup> of January we were to leave the state for 10 vacation time. Because we had not yet received the check for December, and I wanted to get the monies in my mother's account to pay for her care at Maple View before I left, I called to ask if the check had been sent. The answer was NO and when I asked why, after her checking, she said they had received a FAX from Maple View but only one page when it said "1 of 3 pages" on the page they received. I asked them what they do when this happens and she said they wait until the end of the month to see if they receive anything else. If this is the policy of Bankers or if she misunderstood her instructions, I do not know but I asked to speak to her supervisor. She was not available but would call back in 24 hours. I did not receive a call back, but I called back and did speak to the supervisor. I explained the predicament and was told they would put a rush on it and I would receive it in 3-5 days. I told her that was not acceptable because I was leaving on vacation the following day. I then received a call back and was told they would overnight a check. I said that is fine but what if it doesn't reach me before I leave. Well, that was the best they could do. There was other discussion, and I asked her where I was suppose to come up with the money to pay my mother's care and of course she did not have a solution. I informed the worker I spoke to and also the supervisor that I was going to report Bankers. So the check was mailed "next day" but I had already left town when it was delivered and I had a friend come to the house and pick it up so it didn't stay in our mailbox until we got home. Luckily, Maple View was able to waive payment until we returned in ten days.

I don't think it is my responsibility to call them every month to see if they have sent out a check. I don't understand their policy regarding FAXes. Wherever I have worked, if we received a FAX and it was incomplete, we would call the company or individual and let them know we did not receive all the pages and ask if they could resend it.

A company the size of Bankers Life must have better ways to handle this type of situation.

This policy pays \$100/day for two years. We are getting close to the end of that time. I believe it ends in August.

I hope that I have included all the information you need. I am sorry that I do not have the names of the people I spoke to. I believe the phone no. I used was 1-800-621-3724.



RECEIVED

MAR 24 2014

MAILROOM

Minnesota Department of Commerce  
Consumer Protection and Education Division  
85 7<sup>th</sup> Place East, Suite 500  
Saint Paul, MN 55101  
651.539-1600 (tel)  
651.539-0105 (fax)  
1.800.657.3602  
Consumer.protection@state.mn.us

**GENERAL OTHER**

(This form is only for the use of Minnesota residents.)

Thank you for contacting the Minnesota Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

**1. Complainant**

Your Name: [REDACTED] *FATHER.*

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Phone: [REDACTED] Day Time Phone: [REDACTED] - *Work*

Email Address: [REDACTED] Date of Birth: [REDACTED]

**2. Who is the complaint against?**

Name of Company, Person, etc.: *ASSET PROTECTION UNIT. INC.*

Street Address: *PO BOX 30969*

City: *Amarillo* State: *TX* Zip Code: *79120*

Phone # *806 350-9280* *Adrian x 113*

Name of Company, Person, etc.: *SHERY x 110*

Street Address: *OR 866-434-8303* ↗

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Company, Person, etc.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Type of Industry Involved (pick one)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Abstractor                   | <input type="checkbox"/> Currency Exchange | <input type="checkbox"/> Debt Settlement        | <input type="checkbox"/> Notary            |
| <input checked="" type="checkbox"/> Collection Agency | <input type="checkbox"/> Beauty Salon      | <input type="checkbox"/> Mortgage Originators   | <input type="checkbox"/> Loan Modification |
| <input type="checkbox"/> Money Transmitters           | <input type="checkbox"/> Appraiser         | <input type="checkbox"/> Payday Lenders         |  |
| <input type="checkbox"/> Adjuster                     | <input type="checkbox"/> Franchise         | <input type="checkbox"/> Other (please specify) |  |

4. Reason for Complaint (check one or more)

- |  |   |
|--|---|
| <input type="checkbox"/> Sales / Service                             | <input checked="" type="checkbox"/> Other (please specify) <i>overpayment</i> |
| <input type="checkbox"/> Contract / Policy Dispute                   | <input type="checkbox"/> Misrepresentation                                    |
| <input type="checkbox"/> Licensing / Registration Status or Question | <input type="checkbox"/> Unlicensed / Unregistered Activity                   |

Details of my complaint: (Please attach copies of all relevant documentation including most recent correspondence from the company.)

my Parents Have been Receeing Bills From a Company Called Asset Protection unit Inc. Asset Protection unit Inc claims that Bankers life has been overpaying For my parents stay At the assisted Living Facility, And is Asking For Repayment of over \$14,000 in Benefits. When I Contact Bankers life to Inquire aboutt An overpayment, They said there has been No overpayment

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date 3/16/14

Signature of Complainant

 P.O.A

Mail written complaints to:

Minnesota Department of Commerce  
Consumer Protection & Education Division  
85 7<sup>th</sup> Place East, Suite 500  
Saint Paul, MN 55101

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [REDACTED]  
Street Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]  
Home Phone: [REDACTED] Work Phone: [REDACTED]  
Email Address: [REDACTED]

2. Insured

Name (if same, write "same"): [REDACTED]  
Relationship to the insured: Daughter - POA

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: Bankers Life And Casualty Company  
Street Address: P.O. Box 1902 - POLICY BENEFITS DEPT.  
City: CARMEL State: IN ZIP Code: 46082-1935  
Phone # 1 800 621-3724  
Name of Company, Agent/Broker, etc.: Bankers Life And Casualty Company  
Street Address: 111 EAST WACKER DR. Ste 2100  
City: CHICAGO State: IL ZIP Code: 60601-4508 Home office  
Phone # 312 396-6000  
Name of Company, Agent/Broker, etc.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

4. Type of Insurance Involved (pick one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Individual Life      | <input type="checkbox"/> Group Life          | <input checked="" type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Individual Health    | <input type="checkbox"/> Group Health        | <input type="checkbox"/> Dental                    |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Other                     |

RECEIVED

MAR 18 2014

MAILROOM

**5. Policy Information**

Policy Number: [REDACTED]  
Group or Certificate Number: [REDACTED]  
Name of Employer/Association (if group insurance): \_\_\_\_\_  
Effective Date: ISSUE DATE June 1, 2000

**6. Claim Information**

Claim Number: attached copies  
Date of Loss/Treatment: \_\_\_\_\_

**7. Reason for Complaint (check one or more)**

- Claim Denial
- Claim Dispute /Delay
- Sales /Service
- Premium /Rating Problem
- Cancellation /Non-Renewal
- Medical Necessity / Usual & Customary Reduction
- Other (please specify) claims - monthly

**Details of my complaint:** (Please attach copies of all relevant documents including most recent correspondence from the company)

My Parents have Long Term Care Insurance policy with Bankers life that is helping to pay for the cost of the assisted living facility.

Bankers life, states that there has not been, No overpayment sent out on claims

To Asset Protection Unit Inc. Asset Protection Unit, Inc. States there is over \$14,000 in benefits.

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date 3/16/14

Signature of Complainant

[REDACTED SIGNATURE] P.O.A

**Mail written complaints to:**  
Minnesota Department of Commerce  
Attn: Consumer Protection & Education  
Division, 85 7th Place East, Suite 500,  
St. Paul, MN 55101

March 9, 2014

RECEIVED

MAR 20 2014

MAILROOM

Long term care - Bankers Life & Casualty Co.  
Carmel, In. 46082-1935  
1-800-621-3724

Policy # [REDACTED]

Claim # [REDACTED]

Cass Co. Public Health 218-547-1340

My Step-father [REDACTED] has diabetes & memory loss. We ~~had~~ have had a nurse coming to his home 2x ~~week~~ starting Oct. 2009. We got a medicine machine she filled for 28 days & did other essentials he was not able to do for himself.

I called Bankers Life & they said he had a 90 day elimination period. After 90 days we put in a claim & were told it would not pay until he had 90 "nurse visits". He paid out of pocket to Cass Co. By Feb. 2013 he had over 90 "nurse visits". We stopped paying, but Cass Co. has been unable to get anywhere with them & so have I! They, as of 2/14/2014, are saying he has met 32 days of his 90 day elimination period & refuse to pay anything this far. As of 1/12/2014 [REDACTED] is now in the [REDACTED] [REDACTED] in [REDACTED].

I can't figure out how they are coming up with these "Elimination Days"? I hope you can help & get us some answers. Thank you, [REDACTED] POA

Phone [REDACTED] home [REDACTED] work [REDACTED]

over 2

Mar. 15, 2014

~~\_\_\_\_\_~~ died on 3/14/14 at ~~\_\_\_\_\_~~ in ~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~.

I want Bankers Life to pay back everything they should have been paying. The nurse visits he had since March of 2013, and the ~~\_\_\_\_\_~~ starting January 2014. I hope you can help with this. Thanks

~~\_\_\_\_\_~~

RECEIVED

Transamerica Life Insurance Company,

I am writing in response to notification that my insurance payment has been decreased. I have checked with the office and it was submitted the same as always. I don't know why the change unless the nurse submitted something different? The services I require are the same or more than in the past months, yet now you have reduced my benefit. Why?

It came just at the time I was going to write asking for a bigger monthly payment. I really should be in the nursing home as I require help with almost everything and have to hire more assistance all the time. Such as setting up my pills, bathing, helping me with getting my clothes on each day, shopping for essentials, more help with business transactions, getting up and down to my walker, and more use of the wheelchair. But as I have said I'd rather pay and stay in my place than pay twice as much for a room in the nursing home.

I can see no reason for denying the payment just because at the time I got your insurance there were probably no assisted living facilities...which now are the norm. I was never told that payment was made for just certain services for which I am receiving all of them.

I know the nurses always say I seem healthy. I'm thankful at my age (98 on June 4, 2014) I have my mind yet and I do try and keep myself neatly dressed. It's very difficult without help but I manage when no one is around. It takes much time, but I have plenty of time and select clothes I can manage if I have too. I can't get my shoes and stockings on or off so must have help with them.

Letter sent to  
Transamerica  
Life Insurance  
on 4/21/2014

If as you say you strive to render the finest quality of service for as many years as I've paid premiums I feel now at my age I should be collecting full payment. I have been wrongly denied payment from the beginning and hope you will agree to full payment this time.

Sincerely,

  
4/21/2014

A copy of these letters has been sent to:  
Enforcement Division  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, MN 55101-2198

April 27, 2014

Dear Advisor,

My mother has been paying for Long Term Care Insurance for the past 22 years. The price per month has increased substantially since her policy was initiated. My mother is now 97 years old (98 on June 4), and has been living in an assisted living facility since 2012. We assumed when she moved into Assisted Living she would be able to start taking advantage of the benefits of her policy and she would no longer be required to pay the monthly premiums...not so! Our experience has been very frustrating.

The policy was written before Assisted Living services were well defined and consequently they will only pay the full benefit if she is in a nursing home. They do provide some reimbursement for home health care, but it is a constant struggle to obtain this benefit and she is still required to pay monthly premiums. Over and over again she receives letters that her benefits are going to be reduced and over and over again we are forced to contact the insurance company to get her reimbursement. At 97 her medical condition does not and will not change, so reducing her benefits makes no sense to us!

Her issues are primarily related to mobility. She is still mentally capable. She prefers the Assisted Living facility to a Nursing Home. She has a strong social network in her Assisted Living Facility which we feel benefits her greatly even though she does require more physical assistance than she is currently receiving. She personally hires additional help rather than having to move to the Nursing Home.

She feels that is a more effective use of money than paying for the additional costs of a Nursing Home. We do not understand why the insurance company continually wants to reduce her benefits as it costs them substantially less money than if she is forced to move into a Nursing Home.

We believe the money she has paid in premiums will greatly exceed the amount of benefits she will ever receive per the maximum benefit provided even if she does live long enough to receive the full benefit.

We would appreciate your review of this situation. We have enclosed pertinent details of her policy as well as some correspondence we have had with the company.

Thank you,

[REDACTED]

[REDACTED]

**McGee, Susan (COMM)**

---

**From:** [REDACTED]  
**Sent:** Friday, August 08, 2014 11:18 AM  
**To:** #COMM\_Consumer Protection  
**Subject:** RE: [REDACTED] Request for Assistance

Dear Consumer Protection Advocate-

Yesterday I wrote to you regarding the issues of my client, [REDACTED], with her Long Term Care provider, CNA. [REDACTED] called me this morning that she had received a check from CNA, although she is quite concerned that the amount might not be accurate. I am in the process of checking into that concern, and will get back in touch with you on that topic.

Thank you again for your kind assistance.

[REDACTED]  
Attorney at Law

Direct dial: [REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

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-----Original Message-----

**From:** [REDACTED]  
**Sent:** Thursday, August 07, 2014 4:02 PM  
**To:** 'consumer.protection@state.mn.us'  
**Subject:** [REDACTED] Request for Assistance

Dear Consumer Protection Advocate-

Attached please find a request for assistance in regard to my client, [REDACTED]. Please contact me if you have any questions.

[REDACTED]  
Attorney at Law

Direct dial: [REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

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**McGee, Susan (COMM)**

---

**From:** [REDACTED]  
**Sent:** Thursday, August 07, 2014 4:02 PM  
**To:** #COMM\_Consumer Protection  
**Subject:** [REDACTED] Request for Assistance  
**Attachments:** [REDACTED] Claim.pdf

Dear Consumer Protection Advocate-

Attached please find a request for assistance in regard to my client, [REDACTED]. Please contact me if you have any questions.

[REDACTED]  
Attorney at Law

Direct dial: [REDACTED]

Phn: [REDACTED]  
Fax: [REDACTED]

\*\*\*Privilege and Confidentiality Notice\*\*\* This electronic mail message and any attached files contain information intended for the exclusive use of the specific individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure. If you are not the intended recipient, you are hereby notified that any viewing, copying, disclosure or distribution of this information is prohibited and may be subject to legal restriction or sanction. Please notify the sender, by reply electronic mail or telephone, of any unintended recipients and delete the original message and any attachments without making any copies. Thank you.



HELLMUTH & JOHNSON <sup>PLLC</sup>

ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NO.: (952) 460-9244  
E-MAIL: [TAYLING@HJLAWFIRM.COM](mailto:TAYLING@HJLAWFIRM.COM)

MSBA CERTIFIED LABOR AND  
EMPLOYMENT LAW SPECIALIST

August 7, 2014

*Via E-Mail*  
*Consumer.protection@state.mn.us*

Re: Insurance Company: CNA  
Policy Holder: [REDACTED]  
Policy No.: [REDACTED]  
Application Date: June 28, 2002  
Our File No.: [REDACTED]

Dear Consumer Protection Advocate:

I am an attorney representing [REDACTED] in regard to her claim for long term care benefits from CNA Insurance Company. The purpose of this letter is to ask for your assistance in obtaining payment of long term care benefits which CNA has agreed [REDACTED] is entitled to. I will provide a brief history of this matter, and can provide additional information on request.

[REDACTED] first submitted an application for benefits on January 16, 2014. Over the next several months, CNA requested various information, and requested that [REDACTED] undergo an independent nursing assessment, with which she cooperated. CNA denied coverage by letter dated April 23, 2014. Ex. 1. On that same day I requested a copy of the claim file, including the Independent Assessment of the registered nurse. Ex. 2. On May 6, 2014 I asked for further information about the reason her application had been denied and asked for additional time to appeal because I had not yet received the claim file. Ex. 3.

On May 28, 2014, before even submitting [REDACTED] appeal, CNA reversed its initial determination and granted her benefits. Ex. 4. She was asked to submit bills for claims processing. With the help of her home care agency, Lifesprk, she had submitted some of that documentation already, and tells me that Lifesprk has submitted full, up-to-date documentation for payment on a monthly basis.

CNA provided [REDACTED] claim file on June 3, 2014. Ex. 5 (without enclosure). I provided CNA an updated care plan report on June 16, 2014, with additional services. Ex. 6.

CNA acknowledges that she became eligible for payments effective June 1, 2013. With a 90 day elimination period, she became eligible for benefits effective August 30, 2013, nearly a year ago. However, [REDACTED] has not received any payments at all for any of her long term care benefits.

Consumer Protection  
August 7, 2014  
Page 2

I wrote to CNA asking for the reason for the delay and when payment could be expected on July 10, 2014. Ex. 7. On July 15, 2014 I received what appears to be a form letter from CNA acknowledging receipt of my letter. Ex. 8.

I wrote again to CNA on July 30, 2014 because, eight weeks after a decision was made to pay benefits, no benefits have been paid. Ex. 9. I have received no response. [REDACTED] is now owed nearly a full year of benefits and there is no sign that CNA will pay what is owed to her.

I am enclosing some of the correspondence between CNA and me. Please let me know if you need any further information as you assist [REDACTED] in enforcement of her rights under her long term care policy.

Thank you for your kind assistance.

Very truly yours,

[REDACTED]

Attorney at Law

TJA/cmn  
Enclosures  
cc: [REDACTED]



P.O. Box 64912, St. Paul, MN 55164-0912  
1-800-262-1037  
Fax 952-983-5194

April 23, 2014

[REDACTED]

Re: Insured: [REDACTED]  
Policy Number: [REDACTED]  
Continental Casualty Company

Dear [REDACTED]

Your request for benefits has been reviewed. According to the information we received, your provider, [REDACTED] meets the policy requirements. Unfortunately, we have no evidence to indicate that your residence at this facility satisfies the policy definition of Eligibility To Receive Benefits as you do not receive Prescribed Long Term Care specified in a Plan of Care. Based on this information, no benefits are payable for the rendered services by Summit Place Assisted Living.

Your Long Term Care policy provides benefits for an Eligible Confinement for Long Term Care. The policy defines Long Term Care as:

**CONDITIONS FOR ELIGIBILITY TO RECEIVE BENEFITS**

To be eligible for the payment of benefits under Your policy, You must receive covered Prescribed Long-Term Care specified in a Plan of Care while Your policy is in force.

Please reference your policy for the definitions of Conditions for Eligibility to Receive Benefits, Prescribed Long Term Care, Inability to Perform Two of More Activities of Daily Living and Cognitive Impairment.

If you feel that the information we received is incorrect or incomplete, you may request a review of this denial by writing CNA Insurance Companies. The written request for review must be sent within 60 days of receipt of this letter. Please state the reason why you feel your claim should not have been denied and submit any additional information to support your position. Please forward your request for a management review to the following address:

[REDACTED]



CNA Claims Administration  
Attn: Claims Manager  
P O Box 64912  
St. Paul MN 55164-0912

Nothing contained in this letter should be construed as a waiver of any rights or defenses under the Long Term Care policy. This determination has been made in good faith and without prejudice under the terms and conditions of the contract, whether or not specifically mentioned herein.

If we may provide any additional information, please feel free to contact us at 1-800-262-1037. We will be happy to assist you.

Sincerely,

*Kelly Ivey*

Kelly Ivey  
Care Coordinator  
Long Term Care Claims



HELLMUTH & JOHNSON <sup>PLLC</sup>

ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NO.: (952) 480-9244  
E-MAIL: [TAYLING@HJLAWFIRM.COM](mailto:TAYLING@HJLAWFIRM.COM)

MSBA CERTIFIED LABOR AND  
EMPLOYMENT LAW SPECIALIST

April 23, 2014

*Via U.S. Mail and Facsimile*

CNA Long-Term Care  
Kelly Ivy, Care Coordinator  
Long Term Care Claims  
P.O. Box 64912  
St. Paul, MN 55164  
Fax: 952-983-5194

Policy Holder: [REDACTED]  
Policy No.: [REDACTED]  
Application Date: June 28, 2002  
Our File No.: [REDACTED]

Dear [REDACTED]

I am writing to request a full and complete copy of [REDACTED] claim file including but not limited to the Independent Assessment of the Registered Nurse who came to [REDACTED] home. You need not include copies of the material that I sent to CNA in responding to this request. I am including another copy of the Certificate of Representation for your convenience.

Please contact me if you have questions about this request.

Very truly yours,

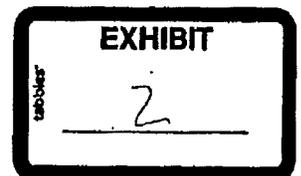
HELLMUTH & JOHNSON, PLLC

[REDACTED]

Attorney at Law

TJA/tal  
Enc. [REDACTED]  
cc: [REDACTED]

21425.0001 -- 1798866\_1



**NOTICE OF REPRESENTATION OF COUNSEL**

I, [REDACTED], hereby state that the law firm of HELLMUTH & JOHNSON, PLLC is representing me concerning my long term care claim. The law firm of HELLMUTH & JOHNSON, PLLC has my authorization to act on my behalf, and, in particular, they have permission to speak with the recipients of this notice and to be provided copies of any records and/or documents in your possession and/or kept during the normal course of business pertaining to disability claim.

This authorization specifically relates to the release of records and/or documents prepared prior to and after the date of this authorization during the pendency of this matter.

A PHOTOCOPY OF THIS NOTICE IS AS VALID AS THE ORIGINAL.

Date: February 19, 2014

[REDACTED]



HELLMUTH & JOHNSON PLLC

ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NO.: (952) 460-9244  
E-MAIL: [TAYLING@HJLAWFIRM.COM](mailto:TAYLING@HJLAWFIRM.COM)

MSBA CERTIFIED LABOR AND  
EMPLOYMENT LAW SPECIALIST

May 6, 2014

*Via U.S. Mail and Facsimile*

CNA Long-Term Care  
Kelly Ivy, Care Coordinator  
Long Term Care Claims  
P.O. Box 64912  
St. Paul, MN 55164  
Fax: 952-983-5194

Policy Holder: [REDACTED]  
Policy No.: [REDACTED]  
Application Date: June 28, 2002  
Our File No.: [REDACTED]

Dear Ms. Ivy:

I am writing to request clarification on the letter from CNA dated April 23, 2014 denying coverage for [REDACTED]

Under Minn. Stat. § 62S.12, a long term care insurer is required to provide a "written explanation of the reasons for the denial and make available all information directly related to the denial within 60 days of the date of a written request by the policy holder . . . ." The letter from CNA dated April 23, 2014 does not provide a "written explanation of the reasons for the denial" as required by that provision, but merely cites certain provisions in the policy. Without further explanation, it is difficult, if not impossible, to seek internal management review.

By letter of April 23, 2014, I requested a full and complete copy of [REDACTED] claim file. To the extent that CNA might deem that request not to include "all information directly related to the denial" within the meaning of Minn. Stat. § 62S.12, please provide that information as well.

The denial letter from CNA states that any request for review must be sent within 60 days of the receipt of the denial letter. CNA's policy, as well as Minnesota law, allows 60 days to deliver a copy of the claim file and documents related to the denial. Given that we may not receive the requested information until very shortly before the request for review is due, we ask for an extension of time to request review of 60 days from the date that the claim file and information directly related to the denial is received.

EXHIBIT

3

Kelly Ivy  
CNA Long Term Care  
May 6, 2014  
Page 2

Thank you for your consideration of these requests. Please let me know if you need any further information, releases, or other materials in order to respond to this request, or if this request should be directed elsewhere.

Very truly yours,

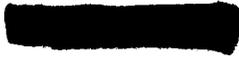
HELLMUTH & JOHNSON, PLLC

A large black rectangular redaction box covering the signature of the attorney.

Attorney at Law

TJA/tal

cc:

A black rectangular redaction box covering the name of the recipient in the cc field.

From:

05/28/2014 09:57

#913 P.001/010



Continental Casualty Company, CNA Plaza, Chicago IL 60685  
Executive Office: CNA Plaza, Chicago IL 60685  
Administrative Office: CNA Insurance Companies, P.O. Box 64912 St. Paul, MN 55164-0912

TO: [REDACTED]  
COMPANY: [REDACTED]  
FAX: [REDACTED]

FROM: *Customer Service*  
COMPANY: CNA Long Term Care Claims  
PHONE: 800-262-1037  
FAX: 952-983-5194

POLICYHOLDER : [REDACTED]  
POLICY NUMBER: [REDACTED]  
DATE: *5/28/14*

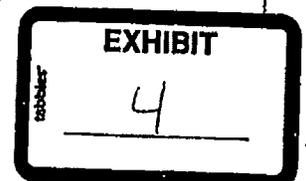
PAGES INCLUDING COVER:

COMMENTS:

Thanks for your assistance

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FAX





P.O. Box 64912  
St. Paul MN 55164-0912  
1-800-775-1541  
Fax: 952-983-5194

May 28, 2014

[REDACTED]

RE Policy Number: [REDACTED]  
Continental Casualty Company

Dear [REDACTED]

We are pleased to inform you that your long-term care claim has been approved, as you qualify for benefits under the terms of your policy. Based on the information submitted, you became eligible for benefits as of June 1, 2013. Please note, your policy contains a 90 day Elimination Period which must be satisfied before reimbursement will commence.

Your benefit eligibility period is approved from June 1, 2013 to June 1, 2015, provided you qualify for benefits under your policy throughout that time period. If we determine that your eligibility ceased prior to June 1, 2015, your benefits will terminate as of the date you no longer qualified.

In addition, any expenses incurred on or after June 1, 2015 cannot be applied towards your Elimination Period and will not be reimbursed until an eligibility reassessment has been completed and we confirm that you continue to qualify for benefits. Your benefit eligibility will be reviewed prior to June 1, 2015.

Your service providers, [REDACTED] meet the requirements as outlined in your policy.

Please also note that your policy contains specific terms and conditions which govern whether a particular long-term care service provider may be covered. You should therefore carefully review your policy to ensure that any proposed provider satisfies your policy's requirements. We also recommend that you contact us before hiring or changing service providers so that we may review the potential for coverage for that provider with you.

Administered by Long Term Care Group, Inc.

Attached to this letter is your Plan of Care Summary, which documents the specific type, level, frequency and duration of the long-term care services you require. This summary also includes the formal and informal service providers that assist you in meeting your needs, and promoting your safety and well-being. We encourage you to contact us before making any changes in the type, level, frequency or duration of care or change providers of care so that this Plan of Care can be updated and to assure you receive the appropriate reimbursement under your policy. If you make changes without prior notification to us, expenses you incur for that care may not be covered. Changes to your Plan of Care are subject to all terms and conditions of your long-term care policy.

Included is additional information which describes the claims process. Please contact us at **1-800-262-1037, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time** if you have any questions regarding this letter or the enclosed information.

If you have already submitted bills for claims processing, you will receive an Explanation of Benefits under separate correspondence. If you have invoices or billing that have not been submitted, please submit them at your earliest convenience to the above address or fax to 1-952-983-5194.

Sincerely,

*Bobbie Jo Dombey-Fersten, LCSW*

Bobbie Jo Dombey-Fersten, LCSW  
Lead Care Manager  
Long Term Care Claims

Administered by Long Term Care Group, Inc.

Re: [REDACTED]

Policy Number: [REDACTED]

Plan of Care Summary

We have determined you meet the eligibility requirements under your policy as of June 1, 2013. We anticipate you will continue to meet these requirements until June 1, 2015. At that time, or when your status changes, whichever occurs first, we will reevaluate your eligibility. Payment of benefits is subject to all terms and conditions of your policy.

Activities of Daily Living	Dependency level & Durable Medical Equipment used, if any
Bathing	N/A
Dressing	N/A
Eating	N/A
Continence	N/A
Toileting	N/A
Transferring	N/A
Other Functional Activities and Instrumental Activities of Daily Living	Dependency level & Durable Medical Equipment used, if any
Medication Management	N/A
Walking/Mobility/Ambulating	N/A
Medically Necessary Care	N/A
Cognitive Impairment	
Cognitive Impairment Approval	N/A

Definitions of Dependency Levels:

**Dependent:** Regular assistance is required (Refer to your policy for the specific definition of the level of care required).

**Independent:** Performs entire activity without assistance from another person. May use mechanical devices or equipment, but does so without the assistance of another person.

**N/A:** This means that your need for assistance with this activity is not considered when determining your eligibility for benefits. (Refer to your policy).

Re: [REDACTED]

Policy Number: [REDACTED]

**Summary of Covered Services**

Applicable to Episode of Benefit from June 1, 2013 to June 1, 2015.

Any services or care expenses not listed as covered on this Plan of Care cannot be considered for coverage under your plan of benefits.

Care Information Effective from June 1, 2013 to June 1, 2015	Formal Provider #1	Formal Provider #2
Provider	[REDACTED]	[REDACTED]
Type of Service	Assisted Living Facility	Home Health Care
Duration and Frequency of Current Services	24 hours per day, 7 days per week	Medication management and life care management services
Approved Duration and Frequency of Service	24 hours per day, 7 days per week	Medication management and life care management services
Cost per Unit		

Informal Care Providers	Informal Provider #1	Informal Provider #2
Individuals Name	[REDACTED]	
Frequency of Service	24 hours per day, 7 days per week	
Type of Care Provided	Personal care and medication management	

Amount eligible for coverage: Any amount considered for reimbursement cannot exceed Approved Duration and Frequency of Service as noted above, nor can it exceed your maximum benefit amount. You must also have met your elimination period before any request for reimbursement can be considered.

Persons participating in the Plan of Care development. (please list)	
Name:	Relationship:
Name:	Relationship:
Additional Comments: Please contact us if there are changes in your service provider(s) or if there are changes in your care needs.	
Initial Plan of Care completion date: May 27, 2014	Amendment Date:

Plan of Care developed by [REDACTED]

## Claims Approval Process

This document provides you with detailed information about the claims decision process and terms used in the policy. Please remember to include your name and policy number on all claim documents and correspondence.

### Your Benefits

This section of the policy provides information regarding important terms and benefits you have either purchased or that may be available to you. Please refer to the Schedule of Benefits in your policy to determine what benefits you have selected.

### Eligibility

Your ongoing eligibility will be determined by one of our Care Managers after obtaining and reviewing all available information. If we are unable to obtain the necessary information needed from your care provider or treating physician, we may seek your assistance in obtaining the information. Once your claim is re-certified, you will remain eligible for benefits as long as you continue to meet the requirements outlined in your policy.

### Elimination Period

This is the number of days after the date of benefit eligibility, in which qualified long-term care services are provided to you before the policy begins to pay benefits. During the Elimination Period, you are responsible for any expenses incurred. Once the Elimination Period is satisfied, CNA can then consider your qualified long term care services for reimbursement. Elimination Periods vary depending on the policy you purchased, please review your Schedule of Benefits to determine what your Elimination Period is.

### Waiver of Premiums

Some policies allow the policyholder to cease paying premiums after their claim has been approved and/or they have met the Elimination Period requirement. You must have an approved and active claim to be considered for this benefit. Be sure to review your policy to determine if you are eligible for this benefit as not all policies provide this benefit. You should also continue to pay all premiums unless written notice from CNA has been provided to you that payment is no longer required.

### Plan of Care

You and your Care Manager develop your Plan of Care. You may also choose someone to represent you in this process such as a family member, or Power of Attorney. The Plan of Care is mutually agreed upon between you and your Care Manager and documents your qualified care needs. The Plan of Care specifies the type, level, frequency and duration of care required to meet those needs. You will receive a Plan of Care summary with your approval letter, please review the information carefully and contact your Care Manager directly with any questions.

You are reimbursed for covered services only to the extent they are included in your approved Plan of Care. You should communicate changes in the services you require or in the health care providers caring for you to the Care Manager immediately so that we can review your Plan of Care. This is necessary to ensure prompt reimbursement for the covered care you receive. In instances where we are not notified of changes in care needs and/or health care providers, your reimbursement for covered services may be interrupted pending review of your increased care needs. If we determine when processing your requests for reimbursement that your care needs have changed, we will contact you to discuss any needed changes in your Plan of Care.

Your Plan of Care will identify the beginning and end date of your approved benefit period. This is also referred to as the Episode of Benefit. The Episode of benefit is typically set at 3, 6 or 12 month intervals depending on your claimed condition and potential for recovery.

## **Reassessment of Eligibility**

Unless you have a change in your care needs or providers, we will only reassess your eligibility for continued payment of your claim on or near the Episode of Benefit end date identified in your approval letter. At the time of reassessment, we will order updated information to assist us in determining your ongoing need for qualified long-term care services.

Should we become aware that you may not meet the requirements of your policy a reassessment will be completed at that time and your approved claim period or Episode of Benefits may be shortened to the date you no longer qualify. Should this occur, you will be notified verbally and in writing.

This reassessment process may include an onsite evaluation in your home or wherever you are receiving your long-term care services. We also may conduct this reassessment through a review of available records from your health care provider, physician, or both.

## **Change of Provider**

Contact CNA immediately regarding any changes in health care providers, if possible, before they begin providing services. Your policy has specific provider requirements and we want to assure that the provider you choose will meet the requirements defined in your policy. Please refer to your policy for more specific information related to health care provider requirements. Once you have chosen a qualified provider, your Plan of Care will be updated to reflect the new provider ensuring you continue to receive reimbursement promptly.

## **Closing your Claim**

In the event you discontinue receiving formal covered services or no longer meet the requirements set forth in your policy, you should notify CNA as soon as possible. At that time, we will close your claim, and, if you were on waiver of premium during your claim, your premium payments will be reinstated. Once your claim is closed, you can contact CNA at 1-800-262-1037 if your care needs change or you need to open a new request for benefits due to a separate incident or event.

**Provider Types** (The following provider types are not a guarantee of benefits. Please refer to your schedule of benefits within your policy to determine which benefits you have selected.)

## Home and Community-Based Care

**Using A Home Care Agency.** Once you have selected a home care agency, we will require proof of licensure from the agency if the state requires that the agency be licensed. This is necessary to ensure that the agency you select is eligible under the terms of your long-term care policy. The agency must provide proof of licensure to us either at the address shown on this letter or by fax to 952-983-5194. Specific agency qualifications can be found in your policy under Home and Community Based Care and may differ depending on the product purchased.

**Submit caregiver documentation.** Once you have selected a health care provider and we have included that provider in your approved Plan of Care, you or your provider must mail (to the address on this document) or fax (to 1-952-983-5194) the bills and daily visit notes or personal care worksheets from your care provider. These documents must be provided with each request for reimbursement.

- **Bills/provider Invoices** are the agency's itemized bills reflecting the dates of service, hours of care and the amount charged per day. These invoices are required before any reimbursement can be considered.
- **Daily visit notes** are the agency's documentation that details the specific services being provided to you each day. **This information cannot be photo-copied and should be completed each day reflecting the care and services being provided that day.**
- **Personal Care Worksheets.** If the agency does not document the services they provide, you will need to contact your Care Manager and request that CNA timesheets be mailed or faxed to you. The agency must complete these forms in order for reimbursement to be considered under your policy. Any failure to comply with this process will delay your reimbursement until the info is received and may ultimately result in a denial for reimbursement under your policy if not received.

**All caregiver documentation, whether daily visit notes or personal care worksheets, is subject to verification to ensure accuracy.**

- **Using an Adult Day Care Provider.** Adult Day Care facilities also operate under a specific type of license; CNA will require proof of licensure from the chosen provider. This is necessary to ensure that the provider you select is eligible under the terms of your long-term care policy. The provider must provide proof of licensure to us either at the address shown on this letter or by fax to 952-983-5194. Specific qualifications can be found in your policy under Adult Day Care and may differ depending on the product purchased.

## Residential Care Facility/Assisted Living Facility

**Required facility proof of licensure.** In most states Residential Care Facilities or Assisted Living Facilities are required to be licensed by the State. If so, CNA will require proof of licensure from your chosen provider. If you are unsure whether the facility you chose requires such licensure, please contact us so that we may assist you in determining.

Your facility provider will be asked to complete and submit the Supplemental Statement Form (this form must be completed by the facility) at the beginning of each month for the previous month. We will provide you and the facility a copy of this form during your care planning process. Your provider should also send with this form each month an itemized invoice that outlines the care provided to you and the charges for that care. To receive reimbursement, both the Supplemental form and the invoice must be accurately completed **and should not be photo-copied**. We will reimburse for covered charges only after receipt of these documents confirming that you are receiving the care documented in your Plan of Care. This information can be sent to us either at the address shown on this document or by fax to 1-952-983-5194.

## Skilled Nursing Facilities, Intermediate Care or Long Term Care Facilities

**Required facility proof of licensure.** If you require the services of a skilled nursing, intermediate care or long term care facility, the facility must meet applicable licensure requirements. The provider should provide proof of licensure to us either at the address shown on this letter or by fax to 952-983-5194. Specific qualifications can be found in your policy under Skilled Nursing Facility, Intermediate Care or Long Term Care Facility.

Your facility provider will be asked to complete and submit the Supplemental Statement Form (this form must be completed by the facility) at the beginning of each month for the previous month. We will provide you and the facility a copy of this form during your care planning process. Your provider should also send with this form each month an itemized invoice that outlines the care provided to you and the charges for that care. To receive reimbursement, both the Supplemental form and the invoice must be accurately completed **and should not be photo-copied**. We will reimburse for covered charges only after receipt of these documents confirming that you are receiving the care documented in your Plan of Care. This information can be sent to us either at the address shown on this document or by fax to 1-952-983-5194.

We hope this information will make the claim process easier for you. It is our goal to work with you to ensure that your care needs are safely and appropriately met and that you receive reimbursement for covered care without delay. The more you understand about how the product you purchased operates at claim time, the better able we will be to provide you with uninterrupted service. Any questions regarding provider or benefit eligibility decisions should be directed to your personal Care Manager at 1-800-262-1037.

TJA

21425.0001  
DYT



P.O. Box 64912 St. Paul, MN 55164-0912

June 3, 2014

[REDACTED]

RE: Insured: [REDACTED]  
Policy Number: [REDACTED]  
Continental Casualty Company

Dear [REDACTED]

Long Term Care Group, Inc. d/b/a Univita, the third party administrator for Continental Casualty Company ("CNA") received your correspondence dated April 23, 2014, May 5, 2014 and May 6, 2014. I have been asked to respond.

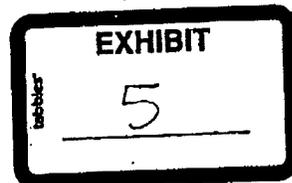
Per your request, a copy of the documentation contained in [REDACTED] claim file has been provided on the enclosed CD-ROM, to include the benefit eligibility assessment conducted with the insured on March 4, 2014.

We acknowledge your request for "CNA's forms" regarding an Insured's need for assistance with medication administration, or for bathing/showering and dressing. CNA avoids the use of claim forms for the purpose of evaluating an insured's care needs wherever possible, and therefore does not have specific forms to provide. Rather, CNA relies upon contemporaneously prepared documentation from an Insured's service provider(s), including his/her physician(s), in order to evaluate an Insured's conditions and functional status. Such documentation provides real-time and comprehensive information regarding the progression of an Insured's health over time, and more accurately describes his/her current and anticipated need for Long Term Care services. As such, this documentation is preferred over a standardized form.

In response to your concerns regarding the written denial determination dated April 23, 2014, we have reviewed the letter and are in agreement that the basis for our denial determination was not properly communicated. We regret any inconvenience caused.

The denial of expenses incurred by [REDACTED] as a resident of [REDACTED] ([REDACTED]) was based on a determination that [REDACTED] was not receiving Prescribed Long Term Care.

However, following a management review of the claim submission in response to your inquiry, CNA has determined that housekeeping services, meal preparation and weekly medication set-up by a nurse is consistent with the treatment of [REDACTED] diagnoses and that these services could not be omitted without adversely affecting her conditions. As such, these services meet the policy requirements as Prescribed Long Term Care and have been specified in the Plans of Care submitted by Dr. [REDACTED], Dr. [REDACTED] and Ms. [REDACTED], RN. Therefore, CNA has approved benefits per the terms of [REDACTED] policy beginning June 1, 2013 when she was admitted to [REDACTED]



Our claims examination area is in the process of reviewing the invoices submitted to date from [REDACTED] and [REDACTED] in order to determine benefits due. An Explanation of Benefits with a benefit payment will be issued to the insured within the next 10 business days.

Enclosed with this letter is a copy of the Plan of Care approved for Ms. Dommel's Long Term Care claim for the services provided by S [REDACTED] in conjunction with [REDACTED]. A copy of the Plan of Care was mailed to [REDACTED] policy mailing address of record.

Respectfully,

*Bobbie Jo Dombey-Fersten, LCSW*

Bobbie Jo Dombey-Fersten, LCSW  
Lead Care Manager  
(800) 262-1037

Enclosures



HELLMUTH & JOHNSON <sup>PLLC</sup>

ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NO.: (952) 460-9244  
E-MAIL: [TAYLING@HJLAWFIRM.COM](mailto:TAYLING@HJLAWFIRM.COM)

MSBA CERTIFIED LABOR AND  
EMPLOYMENT LAW SPECIALIST

June 16, 2014

*Via U.S. Mail*

CNA Long-Term Care  
Kelly Ivy, Care Coordinator  
Long Term Care Claims  
P.O. Box 64912  
St. Paul, MN 55164

Policy Holder: [REDACTED]  
Policy No.: [REDACTED]  
Application Date: June 28, 2002  
Our File No.: [REDACTED]

Dear Ms. Ivy:

Enclosed please find an updated Care Plan Report concerning [REDACTED]. The starting date for additional cares are noted in the last column of the Plan of Care.

Please contact me if you have any questions concerning the additional care being provided to [REDACTED] or if any additional information is needed.

Very truly yours,

HELLMUTH & JOHNSON, PLLC

Teresa J. Ayling  
Attorney at Law

TJA/cmn  
Enclosure  
cc: [REDACTED]

EXHIBIT

6



HELLMUTH & JOHNSON <sup>PLLC</sup>

ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NO.: (952) 460-9244  
E-MAIL: TAYLING@HJLAWFIRM.COM

MSBA CERTIFIED LABOR AND  
EMPLOYMENT LAW SPECIALIST

July 10, 2014

*Via U.S. Mail*

Bobbi Jo Dombey-Fersten, LCSW  
CNA  
P.O. Box 64912  
St. Paul, MN 55164-0912

Policy Holder: [REDACTED]  
Policy No.: [REDACTED]  
Application Date: June 28, 2002  
Our File No.: [REDACTED]

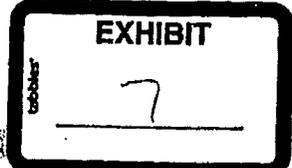
Dear Ms. Dombey-Fersten:

On June 3, 2014 you wrote indicating that CNA had reviewed its denial of [REDACTED] application for long term care benefits, and had reversed its determination and approved coverage. Since that time, she has worked with her provider, [REDACTED] to submit all of the required documentation for payment of benefits. To date, she has received nothing.

In the meantime, I had sent a letter to [REDACTED], [REDACTED] CNA Care Coordinator, dated June 16, 2014, enclosing her updated "Care Plan Report." Neither [REDACTED] nor I have heard anything from [REDACTED] concerning that Care Plan Report, which we, therefore, assume has been approved.

Could you please get back to me, as soon as possible, to let me know why the payment to [REDACTED] of her long term care benefits has been delayed and when it will be received? If any additional documentation is required, we would be happy to provide that. However, we have received no feedback from CNA to date that anything is missing.

I look forward to hearing from you, as quickly as possible, to ascertain the reason for the delay and when payment of the benefits owed to Ms. Dommel can be expected.



Bobbi Jo Dombey-Fersten  
CNA  
July 10, 2014  
Page 2

Thank you for your consideration of this matter.

Very truly yours,

HELLMUTH & JOHNSON, PLLC

[REDACTED]

Attorney at Law

TJA/cmn

cc: [REDACTED]

TJA

21425.0001  
D4T



333 S Wabash Ave. Chicago IL 60604

July 15, 2014

Hellmuth & Johnson PLLC

[REDACTED]  
8050 West 78<sup>th</sup> Street  
Edina MN 55439

Continental Casualty Company  
Insured:  
Policy Number: [REDACTED]

Dear Teresa:

Continental Casualty Company (CCC) has received your letter dated July 15, 2014 regarding the above referenced long term care policy.

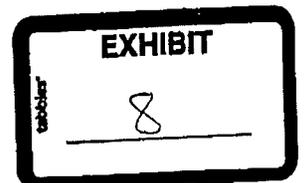
We are in the process of investigating the issues you raised in your letter, and will have a substantive response addressing your issues to you as soon as reasonably possible.

In the meantime, if you have additional questions, please contact our Long Term Care Customer Service Center directly at 1-800-262-1037.

Sincerely,

*Carlotta Walker*

Carlotta Walker  
Long Term Care Consultant





HELLMUTH & JOHNSON <sup>PLLC</sup>  
ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NO.: (952) 460-9244  
E-MAIL: TAYLING@HJLAWFIRM.COM

MSBA CERTIFIED LABOR AND  
EMPLOYMENT LAW SPECIALIST

July 29, 2014

Via U.S. Mail

Bobbi Jo Dombey-Fersten, LCSW  
CNA  
P.O. Box 64912  
St. Paul, MN 55164-0912

Policy Holder: [REDACTED]  
Policy No.: [REDACTED]  
Application Date: June 28, 2002  
Our File No.: [REDACTED]

Dear Ms. Dombey-Fersten:

I am writing to follow-up on my letter of July 10, 2014.

On June 3, 2014 you wrote indicating that CNA had reversed its denial of [REDACTED] Application for Long Term Care Benefits. Thereafter, she and her provider, [REDACTED] submitted all of the required documentation for payment of benefits. However, she has received no payments since that time.

I wrote to you on July 10, 2014 asking whether any additional information was needed to achieve payment of the benefits owed to [REDACTED]. I received a letter from Carlotta Walker, a Long Term Care consultant with CNA dated July 15, 2014 acknowledging receipt of my letter. No additional information was requested. It has now been over 8 weeks since CNA approved payment of [REDACTED] Long Term Care benefits, but no benefits have yet been paid.

In *Pillsbury Co. v. Nat'l Union Fire Ins. Co.*, 425 N.W.2d 244, 248 (Minn. Court App. 1988) quoting *Olson v. Rugloski*, 277 N.W.2d 385, 387-88 (Minn. 1979), the court held "[W]hen the insurer refuses to pay or unreasonably delays payment of an undisputed amount, it breaches the contract and is liable for the loss that naturally and proximately flows from the breach."

If there is some reason for this substantial delay in payment of [REDACTED] Long Term Care benefits, please let me know. Otherwise, the benefits should be immediately paid to Ms. Dommel.



Bobbi Jo Dombey-Fersten  
CNA  
July 29, 2014  
Page 2

Thank you for your consideration.

Very truly yours,

HELLMUTH & JOHNSON, PLLC



Attorney at Law

TJA/cmn

cc:



**Pilot, Lisa (COMM)**

---

**From:** Brickwedde, Peter (COMM)  
**Sent:** Tuesday, September 16, 2014 5:10 PM  
**To:** Pilot, Lisa (COMM)  
**Cc:** Verdeja, Megan (COMM)  
**Subject:** FW: [REDACTED] Bankers Life and Casualty

Hi there, could we take a look at this right away tomorrow?

Thanks!

Megan would you log in the tracker please?

-PLB

**Peter Brickwedde**  
Director, Government Affairs  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651-539-1443



**CONFIDENTIALITY NOTICE:** This message is intended only for the use of the individual(s) named above. Information in this e-mail or any attachment may be confidential or otherwise protected from disclosure by state or federal law. Any unauthorized use, dissemination, or copying of this message is prohibited. If you are not the intended recipient, please refrain from reading this e-mail or any attachments and notify the sender immediately. Please destroy all copies of this communication.

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**From:** [REDACTED]  
**Sent:** Tuesday, September 16, 2014 5:06 PM  
**To:** Brickwedde, Peter (COMM)  
**Cc:** [REDACTED]  
**Subject:** Fwd: [REDACTED] / Bankers Life and Casualty

Hi Peter: Below is the issue we spoke of regarding Bankers Life & Casualty's long term care policy for a woman in the Assisted Living in Chisholm who is being denied her benefits. It seems clear and that she deserves her benefits. [REDACTED] contacted me with the e-mail information below and I think if you follow up with him you should be able to get the necessary information. If you need some type of formal letter from me requesting the Department of Commerce's involvement please let me know.

Thanks for you help.

[REDACTED]

>>> [REDACTED] 9/16/2014 9:25 AM >>>

The following email was received from:

[REDACTED]

Message:

Dear [REDACTED],

I am an Insurance agent for american Senior Benefits in Duluth. [REDACTED] is a client and friend of mine from Chisholm, MN, and resides at [REDACTED]. I was informed by owner [REDACTED] that you have been made aware of this issue. Below is the letter I wrote to Bankers Life and Casualty on June 5, 2014. It details what is happening to [REDACTED].

I have more details for this issue, but will limit it on my 1st contact with you. Please feel free to contact me using my info provided.. Thank you for any assistance you may provide.

[REDACTED]

June 5, 2014

Bankers Life and Casualty Company  
Attention Claims: Manager  
PO Box 1902  
Carmel, IN 46082-1902

RE: [REDACTED]  
Policy Number [REDACTED]

Dear Claims Manager,

I am a Minnesota Licensed Insurance Agent and [REDACTED] (83) is a client of mine for several lines of business. [REDACTED] asked me to investigate the denial letter issued by Bankers regarding her claim for benefits at the [REDACTED] Assisted Living in Chisholm, MN; a licensed MN care facility. The denial states, "The provider that you have selected, [REDACTED] does not meet the provider eligibility requirement for a Nursing Home in your policy." I must say I am appalled at this denial. [REDACTED] is not only a quality facility; they are licensed under MN Chapter 144A. It appears Bankers is being selective in their small print language interpretation in order to avoid legal payment of this LTC policy to a client with legitimate needs and standing. I would suggest Bankers is engaged in a concerted effort of Criminal Exploitation of an Elderly Person, a federal crime. Flagrant disregard of legitimate policy claims, such as thi

s, smacks of unethical and irresponsible behavior by Bankers, and unfortunately, not only harms your clients in their highest time of need; it gives the ethical insurers a black eye.

Both the Bankers policy and advertising brochure given to [REDACTED] allows for an "Alternate Plan Of Care," promising "We will pay 100% of the daily charges, up to the Daily Nursing Home Care Maximum Amount you select, if you receive the care YOU NEED under and Alternate Plan of Care instead of staying in a Nursing Home." [REDACTED] selecting to stay at Serving Hands assisted living certainly qualifies as an "Alternate Plan of Care." Not one other patient at Serving Hands with a LTC policy has been denied by their Insurance Company only [REDACTED] with Bankers. A familiar theme with Bankers. Bankers should be fully aware that "Assisted Living" was not a mainstream term in the long term insurance industry in 1996, as it is today. The term then was "Alternate Plan of Care", and that is the language Bankers agents and advertising department used to sell this policy. A discussion with a former longtime Bankers manager confirmed these policies were written to cover Assisted Living.

Additionally, this Bankers policy allows for "Respite Care." "We will pay 100% of the Daily At-Home Care Maximum Amount. service received in: A home for the retired of aged: A place that provides residential care." Clearly, Bankers advertising language suggests clients would be able to receive benefits promised for care in facilities other than Nursing Homes.

[REDACTED] made a conscious, responsible decision in purchasing this policy in 1996. The last thing she needs now is the distress this denial is now causing her. Please do the right thing and reconsider your decision and pay [REDACTED] the benefits due her at once. Thank you in advance for your assistance in helping Mrs. Larson during her time of need.

Sincerely,

[REDACTED]

File of  
c/o

Tues, Nov. 4, 2014

RECEIVED

To: Minnesota Department of  
Commerce

NOV 06 2014

MAILROOM

85 7th place E,  
Suite 500 - St. Paul 55101

From: [redacted] POA + sister of  
CNA Continental Casualty CNA-client

[redacted]

Phone = [redacted]



[redacted] sister [redacted]

I am advocating for my sister  
Doyle: DOB = [redacted] policy # = [redacted]

I am requesting you, a non biased outside  
agency, to reinvestigate her denied claim of 10/24/14  
she currently resides in Assisted Living at  
[redacted] "She was Admitted there 8/29/2014"

Address = [redacted]

She has paid thousands of dollars over the past  
17 years to this Lister Co. Insurance Co.

Presently she needs ① help with the ADL of help  
with showering due to unsteadiness.

② meds administered 2 times per day in  
order to take them correctly.

I am especially disturbed about this company after  
seeing the Kare 11 documentary shown on 11/3/2014,  
& because of the dealings & hoops I have been  
made to jump through because of CNA Continental  
Casualty. I have never been able to speak in person →

②

with her Care Manager [REDACTED]

P.S. ①

[REDACTED] was Not working & unavailable the day after the 10:00pm Karell presentation. 11/4/14

② Managers, Leah, at Continental denied seeing or knowledge of the Karell documentary also on this same date 11/4/2014 which adds to my concern of credibility.

Finally if [REDACTED] is justly not handicapped enough at this time. For insurance aid: OK.

But if any injustice is being done here I request a Remedy.

Thank you for your assistance

I have requested of above Care manager in writing for him to mail to me a definitive documentation of the exact & specific reasons why she was denied. I will forward to you his response, or lack of it, to you Dpt. of Commerce. Thank you for your help.

**Bercier, Jaclyn (COMM)**

---

**From:** Bercier, Jaclyn (COMM)  
**Sent:** Thursday, January 08, 2015 3:56 PM  
**To:** CNA (consvcs@cna.com)  
**Subject:** Our File # 35404

Good Afternoon,

We recently received a complaint regarding [REDACTED]. I noticed she is a Wisconsin resident who is in an assisted living facility in Wisconsin. Because of this we are questioning the jurisdiction of the complaint. Can you please verify where this policy originated? Please respond by tomorrow January 9, 2015.

Thank you,

**Jaclyn Bercier**  
Investigator  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651-539-1476



**CONFIDENTIALITY NOTICE:** This message is intended only for the use of the individual(s) named above. Information in this e-mail or any attachment may be confidential or otherwise protected from disclosure by state or federal law. Any unauthorized use, dissemination, or copying of this message is prohibited. If you are not the intended recipient, please refrain from reading this e-mail or any attachments and notify the sender immediately. Please destroy all copies of this communication.

[REDACTED]

December 19, 2014

[REDACTED]

RECEIVED  
DEC 24 2014  
MAILROOM

Minnesota Dept. of Commerce  
Insurance Division  
85 7<sup>th</sup> Place East, Suite 500  
St. Paul, MN 55101

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

RE: C N A Insurance and Claim of Mildred Kaminski

Dear Sir/Madam:

By this correspondence I am filing an official complaint against C N A Insurance. On October 31, 2014 I forwarded the appropriate claim form and verification of payment to C N A Insurance on behalf of [REDACTED]. On December 11, 2014 they forwarded correspondence stating they were denying the claim as the facility she currently resides in does not meet the definition under the Long Term Care policy [REDACTED] purchased and still pays for from their company. A copy of that correspondence is enclosed for your review.

As you will see by the enclosed correspondence, they made a decision to deny based on an "internal investigation". At no time did they contact the facility to inquire about the level of care they provide or their licensure. When they were made aware of the licensure, they stated I could file an appeal, which I have done. A simple phone call to the facility or the State of Wisconsin would have eliminated the need for an appeal. As C N A never contacted either one, I believe they acted in bad faith in an effort to avoid payment under the policy. These added steps have cost [REDACTED] as I am paid to handle her finances.

A copy of the request for Review of Denial is enclosed with this correspondence as well as a copy of [REDACTED] State license deeming them a Skilled Care Nursing home and the portion of the Wis. Admin. Code detailing the requirements to obtain said license.

C N A's actions are just another example of the financial exploitation of senior citizens. [REDACTED] has held this policy since January of 1994 and paid annual premiums of \$5,089.21 annually. It is only recently that she has filed claims.

Minnesota Dept. of Commerce  
Insurance Division  
December 19, 2014  
Page 2

I would ask that you review this matter and take the steps you feel appropriate to address the denial of coverage.

Thank you for your assistance.

Sincerely,

  
Agent under DPOA of   
Enc.

PC: C N A Insurance w/o enc.

**5. Policy Information**

Policy Number: 10039-3647

Group or Certificate Number: \_\_\_\_\_

Name of Employer/Association (if group insurance) \_\_\_\_\_

Effective Date: initiated around 2004

**6. Claim Information**

Claim Number: \_\_\_\_\_

Date of Loss/Treatment: \_\_\_\_\_

**7. Reason for Complaint (check one or more)**

Claim Denial  Claim Dispute /Delay  Sales /Service

Premium /Rating Problem **XXX Cancellation /Non-Renewal**

Medical Necessity / Usual & Customary Reduction

Other (please specify) \_\_\_\_\_

**Details of my complaint:** (Please attach copies of all relevant documents including most recent correspondence from the company)

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date 2/6/15

Signature of Complainant



I have had long term care insurance with CNA since about 2004, purchased through my employer at the time. The premiums are \$45 every quarter. I have always paid the premiums. In May 2014 I received a notice that my payment wasn't received, but I called and told them that my records indicated a check was sent, they said that was fine. Then I was cancelled. They said I could get reinstated if I reapplied for the insurance which I did.

They sent out releases of information for medical information for the year 2011. I don't know why they only wanted information from 2011, but I followed their process and sent the releases onto my providers. I had not been seen by a medical provider in 2011 since I am perfectly healthy. They cancelled the insurance.

I appealed. According to their own documentation, they needed to respond to my appeal in writing. I have not been contacted in any form. I sent releases for 2011 - 2014 to all my providers. They in turn contacted CNA to get signatures to send the information to them. CNA has failed to respond to the providers as well.

I simply want my insurance reinstated as it appears it was cancelled for no other reason than a lost check in the mail. I am perfectly healthy and have no claims to file at this time, simply want my coverage back. Thank you.

**Mail written complaints to:**

Minnesota Department of Commerce Attn: Consumer Protection & Education Division, 85 7th Place East, Suite 500, St. Paul, MN 55101

RECEIVED

FEB 09 2015

MAIL ROOM

**LIFE AND HEALTH**

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

**1. Complainant**

Your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: Monticello \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: d. \_\_\_\_\_

**2. Insured**

Name (if same, write "same"): same  
Relationship to the insured: \_\_\_\_\_

**3. Who is the complaint against?**

Name of Company, Agent/Broker, etc.: CNA Continental Casualty Company  
Street Address: PO Box 64908  
City: St. Paul State: MN ZIP Code: 55164-0908

**4. Type of Insurance Involved (pick one)**

\_\_\_ Individual Life \_\_\_ Group Life \_\_\_ Long Term Care **XXX** Individual Health \_\_\_ Group Health \_\_\_  
Dental \_\_\_ Workers Compensation \_\_\_ Medicare Supplement \_\_\_ Other



P.O. Box 64908  
St. Paul, MN 55164-0908

June 18, 2014

1866 890 041A

[REDACTED]  
[REDACTED]  
RE: Coverage ID Number [REDACTED]

Dear [REDACTED]

This is in follow up to our recent conversation of June 18, 2014 regarding your Group Long Term Care insurance that lapsed as of April 01, 2014. We would like to take this opportunity to discuss the possibility of reinstating your certificate of insurance. A reinstatement of your previous certificate would allow you to maintain the premium rate at your age on the original effective date instead of at your current age.

In order to reinstate your coverage, you must provide evidence of insurability. This means you must complete a long form application that will be underwritten to evaluate your current and past medical history. Upon completion of our underwriting, you will be notified of your approval or denial. If your application is approved, you will be required to pay all back due premium and will be informed as to the amount of premium that is due to complete the reinstatement process.

If you still desire this valuable coverage, attached please find a Long Form Application that you will need to complete and return in the enclosed postage paid envelope. In order to take advantage of this offer to apply for a reinstatement of your certificate, we must receive your completed Long Form Application by July 09, 2014.

If you have any questions, please call us toll-free at 1-888-825-0686. Our Customer Service Representatives are available Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time or email us at [cnaltc@ltcg.com](mailto:cnaltc@ltcg.com).

Sincerely,

Administrator  
CNA Group Benefits Long-Term Care Program

Enclosure(s)



P.O. Box 64908  
St. Paul, MN 55164-0908

June 5, 2014

[REDACTED]

RE: Coverage ID Number [REDACTED]  
Continental Casualty Company

Dear [REDACTED]

Our records indicate that we have not received payment for your coverage. Please be advised that the grace period on this certificate has expired and therefore your coverage has lapsed as of 04/01/14 and is no longer in effect.

**As your certificate has lapsed, do NOT send any payments.** Any money received after the date of this letter will be deemed conditionally received.

Continental Casualty Company's conditional receipt of any funds does not constitute reinstatement of your certificate. If you wish to reinstate your certificate, please contact us immediately to discuss reinstatement options. Also, please be aware that reinstatement is subject to the terms and conditions of your certificate and Continental Casualty Company's possible approval.

Again, at this time, your certificate has been lapsed due to the non-payment of premiums.

If you feel an error has occurred or if you have any questions please contact our Customer Service Representatives toll-free at 1-888-825-0686, Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time or email us at [cnaltc@ltcg.com](mailto:cnaltc@ltcg.com).

Sincerely,

Financial & Account Services Manager  
The Municipal Pool

**Late Payment Offer**

May 1, 2014

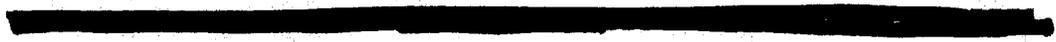


Long Term Care Insurance for:	
Policy Number:	
Renewal Premium for:	04/01/14 to 06/30/14
Amount Due:	\$40.44
Date Due:	April 1, 2014

**IMPORTANT MESSAGES**

Please allow this notice to serve as a reminder that your premium payment has not been received. If the premium payment has recently been submitted, please disregard this notice. In order to prevent your policy from being lapsed, we must receive the premium no later than 30 calendar days from the date at the top of this notice. If needed, an option may be available to reduce your benefit period or other benefits in order to lower your premium amount. Please contact the number above for details.

Your policy is administered by Long Term Care Group, Inc.



To ensure timely and accurate processing of your premium payment, please enclose a check for the amount indicated for this policy only. If paying two bills include a separate check for each. Please detach and return this portion with your payment.

Insured:   
 Policy Number:   
 Renewal Date: April 1, 2014

*Due May 31*

Internal Use Only:	BCN:
--------------------	------



**GLTC PREMIUM PAYMENTS**  
 PO BOX 644098  
 CINCINNATI, OH 45264-4098

Amount Due:	\$40.44
Amount Remitted:	_____
Check Number:	_____
Please Remit U.S. Currency Only	



**PAYMENT EXPLANATION**

FOR LONG TERM CARE INSURANCE POLICIES:

PLEASE RETURN THE BOTTOM PORTION OF THIS BILL WITH YOUR CHECK MADE PAYABLE TO CONTINENTAL CASUALTY COMPANY IN THE RETURN ENVELOPE PROVIDED.

THE PREMIUM DUE MUST BE PAID TO CONTINENTAL CASUALTY COMPANY OR TO THE AUTHORIZED COLLECTOR INDICATED ON THE ENCLOSED RETURN ENVELOPE. PAYMENTS MUST BE RECEIVED WITHIN THE GRACE PERIOD PROVIDED IN THE POLICY.

IF WE DO NOT RECEIVE THE PREMIUM DUE, THE POLICY MAY LAPSE AND THE POLICY MAY BE FORFEITED AND VOID EXCEPT AS OTHERWISE PROVIDED IN THE POLICY.

PAYMENT MAY BE MADE BY CHECK, BANK DRAFT, OR MONEY ORDER.

**THIRD PARTY NOTICE**

**IMPORTANT NOTICE TO OUR POLICY HOLDERS REGARDING THIRD PARTY NOTICE:**

IN ORDER TO HELP PROTECT YOUR VALUABLE LONG TERM CARE COVERAGE, WE OFFER YOU THE OPTION TO DESIGNATE A FAMILY MEMBER OR FRIEND TO BE A THIRD PARTY DESIGNEE. THIS THIRD PARTY DESIGNEE WOULD RECEIVE COPIES OF ANY LATE PAYMENT NOTICES OR NOTICE OF POLICY LAPSE. THE DESIGNATED PERSON WOULD BE ABLE TO HELP YOU TAKE STEPS TO PREVENT YOUR LONG TERM CARE POLICY FROM LAPSING DUE TO NON-PAYMENT OF PREMIUM.

PLEASE FILL OUT THE FORM BELOW IF YOU DECIDE TO ADD, CHANGE, UPDATE OR REMOVE A THIRD PARTY DESIGNEE ON YOUR LTC POLICY. THE THIRD PARTY DESIGNEE MAY TERMINATE HIS OR HER RESPONSIBILITIES AT ANY TIME BY SUBMITTING A WRITTEN NOTICE TO YOU, THE POLICYHOLDER AND TO THE CONTINENTAL CASUALTY COMPANY. THE POLICY HOLDER MAY REMOVE, ADD, OR CHANGE THE THIRD DESIGNEE AT ANYTIME BY SENDING A WRITTEN REQUEST TO THE CONTINENTAL CASUALTY COMPANY, PO BOX 64908, SAINT PAUL, MN 55164-0908. THE THIRD PARTY DESIGNEE IS NOT RESPONSIBLE FOR PREMIUM PAYMENT.

Policyholder Address/Name Change    Third Party to be removed    I elect not to have a Third Party Designee    I elect the following to be a Third Party Designee

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Number \_\_\_\_\_ Policyholder's Phone Number: \_\_\_\_\_

Policyholder's Signature: \_\_\_\_\_

### **Denial Of A Request To Access To Your Information**

If part or all of your request for access is denied, we will provide you with:

- the reason for the denial;
- your right to request we review our decision; and
- a description of how you may file a complaint with us or the Secretary of Health and Human Services.

### **Your Right To Request To Correct, Amend Or Delete Information**

After you have reviewed your information and you determine the information is incorrect or incomplete, you may make a written request to correct, amend or delete any of your personal information that we maintain in our files. Your request must include proper identification and reason(s) supporting your request.

Within thirty (30) days after receiving your request, we will inform you in writing of our decision. If we are unable to respond to your request within thirty days, we will notify you in writing of the reason and when your request will be completed.

### **Approval Of A Request To Correct, Amend Or Delete Information**

If we agree to make any or all of your requested changes to our records, we will:

- notify you in writing that your request is accepted;
- ask you to provide us with names and addresses of persons to whom you believe have previously received the personal information and need the updated records; and
- notify other relevant persons or insurance support organizations who may have previously received the personal information.

### **Denial Of Request To Correct, Amend Or Delete Information**

If we do not agree to make all or part of the requested changes to our records, we will inform you:

- of the reason(s) for denial;
- how you may submit a brief statement of disagreement including a description of what you believe to be the correct, relevant or fair information;
- that your statement will become a permanent part of our file and will be made part of any future disclosure of the original information;
- that copies of your statement may be sent to any person or insurance support organization to whom the original information was disclosed;
- how to file a complaint with us or the Secretary of Health and Human Services.

### **How You May Contact Us:**

Protecting your personal information is very important to us. For this reason, all requests must be submitted in writing and include proper information needed to verify your identity. In your request please include:

- Your full name
- Your address and phone number
- Certificate number
- Date of Birth
- Copy of a Driver's License, Passport or similar government-issued identification

Individuals with Power of Attorney or other Personal Representatives should provide all applicable information referenced above and proof of authority.

You may submit your request to the address listed below:

CNA Group Long Term Care  
P.O. Box 64908  
St. Paul, MN 55164-0908

[REDACTED]

**From:** [REDACTED]  
**Sent:** Thursday, September 25, 2014 2:36 PM  
**To:** cnaltc@ltcg.com  
**Subject:** [REDACTED] CNA long term care insurance

Hello, I have received another letter telling me you are trying to get information from my doctor. As I stated in the phone call last week, the release of information you had me send them was not valid, but even if it was, it indicates a time period when I was not seen. I received no medical care during the time period requested. You are welcome to contact Health Records at [REDACTED] to discuss the issue and change the release of information to verify this. I can sign another one if needed. Their number, (again) is: [REDACTED] Please ask for health records.

Please note that I have complied with every request from CNA and your affiliate to get my plan reinstated, which seems to have been cancelled over nothing more than a lost check in the mail. This has been going on for about 3 months now, I believe, and I would like to get this resolved.

Thank you.

[REDACTED]



P.O. Box 64908  
St. Paul, MN 55164-0908

October 13, 2014

[Redacted]

Underwriting Co.: Continental Casualty Company  
Application Number: [Redacted]  
Account Name: CNA Group Benefits Long-Term Care Program

Dear [Redacted]

Thank you for your recent application for Long-Term Care Insurance.

We are sorry that we are unable to issue the insurance for which you have applied. Our decision is based on the underwriting requirement to review the past three years of medical records which document findings of routine health maintenance examinations along with the severity and stability of any disorder which may be present. When no such records exist, we are unable to evaluate our risk of providing coverage. Specifically, we have been unable to obtain medical records for the past three years to evaluate our risk.

You may request reconsideration of this decision. All requests for reconsideration should be submitted in writing within 60 days of receipt of this letter by sending the reasons for your request and documentation that you may have to support your request. Please send this information to the Group Long Term Care Underwriting Department at the address listed above. You will receive notification of the final determination within 60 days following receipt of your request. If special circumstances require an extension of time, you will be notified of such extension within 60 days.

Again, thank you for choosing CNA Insurance, we appreciate your interest in this plan. If you have any further questions, please contact our Customer Service Department at 1-888-825-0686, Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time or email us at [cnaltc@ltcg.com](mailto:cnaltc@ltcg.com).

Sincerely,

Administrator  
Group Long-Term Care Plan from CNA

Enclosure(s)

*MW Dept of Commerce  
657 539 1500  
chooze-3  
" 1*



## IMPORTANT INFORMATION REGARDING YOUR APPLICATION OR REQUEST

Continental Casualty Company (CCC)  
CNA Group Life Assurance Company (CNAGLAC)

---

Please read this information carefully. It explains your rights to receive information concerning your recent application for long term care insurance coverage.

### **Your Right To Request Specific Information Regarding an Adverse Underwriting Decision**

An adverse underwriting decision occurs if we decline your request for insurance or certain benefits, or if we refuse to issue coverage at the premium rate or type of coverage you requested. The laws of your state give you specific rights in the event we make an adverse underwriting decision. You have the right to be told, in writing:

- the specific reason for our adverse underwriting decision (unless applicable laws prohibit us from disclosing this information directly to you);
- the specific items of information which support those reasons; and
- the names and addresses of the sources that supplied the specific information.

You may request any or all of the above information from us, in writing, within ninety (90) business days from the date you were notified of our adverse underwriting decision. If you wish to receive a specific item of recorded personal information about you held in our files, please specify the information in your written request. Your request should include your full address, or the name and address of your physician, if you would prefer to have us send the information directly to your physician. Please note that if the reason for the adverse underwriting decision is sensitive in nature, we may only provide the information directly to your physician named in your request. We will provide the above information, in writing, within twenty-one (21) days from receipt of your request. We will not charge you a fee in order to comply with your request.

### **Your Right To Request Access To Other Personal Information**

You also have a right to request to inspect or obtain a copy of other personal recorded information that we have collected. Please note that federal and state laws allow us to limit certain requests for information. In those instances, we will advise you when access to such information is limited.

#### **How To Request Access To Your Personal Information**

If you would like to inspect or obtain a copy of all or a part of your personal information, you may submit a written request to us, including proper identification and payment as shown at the end of this brochure.

#### **Medical Records**

Considering the sensitive and complicated nature of medical records, we recommend you review such information with your health care professional who is better able to explain your medical information.

If you choose to review your medical records with a health care professional, please include in your written request to us, the name and address of the health care professional or office you would like to receive your records. We will send the requested medical records to the designated individual or office. If you do not identify a health care professional or office, we will send available medical records directly to you. In your written request you must also:

- describe the information you desire;
- advise if you would like a paper copy of the information mailed to you;
- provide the address where you would like us to send the information; or
- advise if you would like to schedule an appointment to visit our facility and make your own copies.

Within thirty (30) days after receiving your request, we will inform you in writing of our decision regarding your request. If we are unable to respond to your request within thirty days, we will notify you in writing of the reason and when your request will be completed.

#### **Approval Of A Request To Access Your Information**

If your request is approved, we will:

- mail a paper copy of the requested personal information to the address you have indicated; or
- schedule a convenient time for you to visit our facility; and
- disclose the identity, if recorded, of those persons whom we have disclosed such personal information within 2 years prior to your request.

October 22, 2014

CAN, Continental Casualty Company  
Group Long Term Care Underwriting Department  
PO Box 64908  
St. Paul, MN 55164-0908

Re: Application [REDACTED]

Dear Underwriting Department:

It is my wish to appeal the decision not to continue my Long Term Care insurance policy based on the fact that the release of information sent only requested information for 2011 from a prior [REDACTED]. The form was filled out for me by your vendor and I was told to simply sign it and sent it in. There were other issues with the form that would not allow [REDACTED] to release the information. These issues I wrote your company about via email and spoke to several individuals about by phone. People would take my information but appeared to make no effort to resolve the situation.

Please see the attached releases that were sent to the [REDACTED] today, naming you as a recipient of the information requested in your reasons for denial letter. Had someone told me you needed three years of information showing ongoing medical maintenance this is what I would have done initially. But the information received from your contractor stated you wanted assurances that I had no major medical issues and thus my prior [REDACTED] was the provider you needed.

Upon receipt of the results from the releases attached I am sure you will see proper medical maintenance and a healthy individual. Again, the only reason my plan was suspended was a check seems to have been lost in the mail, which I am happy to pay.

Thank you for considering this appeal.

[REDACTED]

[REDACTED]

Date: 10/27/14

To: CNA

Patient: [REDACTED]

To Whom it May Concern:

An authorization has been forwarded to [REDACTED] requesting that medical records be sent to your company. If you wish to obtain copies of these records, please return the enclosed authorization along with a cover letter on your letterhead stating which records you would like, a mailing address where they can be sent, and any fee limits you might have. We will comply with your request as soon as possible.

Thank you,

[REDACTED]

Phone: [REDACTED]  
Fax: [REDACTED]



85 7TH PLACE EAST, SUITE 500  
SAINT PAUL, MINNESOTA 55101-2198  
MN.GOV/COMMERCE  
651.539.1500 FAX: 651.539.1547  
AN EQUAL OPPORTUNITY EMPLOYER

February 18, 2015

[REDACTED]

RE: Respondent: CNA  
Our File No. [REDACTED]

Dear [REDACTED]

Your complaint concerning the above-listed Respondent has been referred to one of our investigators. A copy of your complaint may be forwarded to the Respondent requesting their response. You should be aware that follow up requests for clarification are sometimes necessary, they take additional time, and may extend the completion of our investigation.

Pursuant to Minnesota law, while the investigation is ongoing, all information in our file is confidential. You will be contacted by the assigned investigator at the end of the investigation or while it is in process if any additional information is needed.

Please take note that the Department's authority is limited to the determination of a licensee's compliance with Minnesota law and/or policy provisions, where applicable. Our Department cannot compel a company to make a claim settlement, obtain damages on your behalf, or determine who is correct in a factual dispute. This authority rests solely with a court of law.

To obtain the remedies you seek, you may have to seek legal counsel or, if your damages are \$10,000 or less, you may wish to pursue the action in conciliation court.

Your willingness to bring this matter to our attention and your patience during the investigation is appreciated. If you have any questions in the interim, please contact the Department at the below-listed telephone number and reference your file number. Further, if you need to send additional information to our Department about this matter please send it to the Department and include our file number and your daytime telephone number.

Sincerely,  
Minnesota Department of Commerce  
Enforcement Division

651.539.1600

**Bercier, Jaclyn (COMM)**

---

**From:** Bercier, Jaclyn (COMM)  
**Sent:** Wednesday, July 08, 2015 2:58 PM  
**To:** Brickwedde, Peter (COMM)  
**Subject:** RE: Constituent Question re: LTC

Hi Peter,

I just received a response from Transamerica regarding the inquiry below. Transamerica has paid for [REDACTED] lift wheel chair and there appears to be no violations of Minnesota Statutes or Rule.

Thank you,

**Jaclyn Bercier**  
Investigator  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651-539-1476



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---

**From:** Bercier, Jaclyn (COMM)  
**Sent:** Wednesday, June 24, 2015 10:34 AM  
**To:** Brickwedde, Peter (COMM)  
**Subject:** RE: Constituent Question re: LTC

Hi Peter,

I will contact Transamerica on behalf of [REDACTED] and I will update you once I have any information on this.

Thanks,

**Jaclyn Bercier**  
Investigator  
Minnesota Department of Commerce

85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651-539-1476



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---

**From:** Pilot, Lisa (COMM)  
**Sent:** Wednesday, June 24, 2015 9:56 AM  
**To:** Bercier, Jaclyn (COMM)  
**Subject:** FW: Constituent Question re: LTC  
**Importance:** High

LISA PILOT  
Investigator  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651.539.1646



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---

**From:** Brickwedde, Peter (COMM)  
**Sent:** Tuesday, June 23, 2015 4:11 PM  
**To:** Pilot, Lisa (COMM)  
**Cc:** Verdeja, Megan (COMM)  
**Subject:** FW: Constituent Question re: LTC

Lisa,

Another one for follow up tomorrow, not sure if this should go to CSC or enforcement for intake?

Thanks!

-Peter

**Peter Brickwedde**  
Director, Government Affairs  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651-539-1443



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---

**From:** [REDACTED]  
**Sent:** Tuesday, June 23, 2015 3:49 PM  
**To:** Brickwedde, Peter (COMM)  
**Subject:** Constituent Question re: LTC

Hello Peter -

Hope all is well. I was referred to you regarding a question from [REDACTED] on behalf of a constituent. In summary, we are looking to know if the constituent has any options to appeal for coverage for a lift chair from her long-term care insurance carrier.

What are the statutes that regulate LTC in the State of Minnesota?

I've pasted the information via [REDACTED] below, and the constituent's information is as follows:

[REDACTED]

>>> [REDACTED]

[REDACTED] was purchase some long-term health care years ago. It was suppose to help her fund care when she needed help. She is in her own home, but needing assistance with bathing, getting to the store etc. She is frustrated with the insurance company, She thinks the name is Transamerica, although it started out as Bankers life. Is there rules or requirements for Long-term health care? I suppose I could talk to the Ombudsman for long term care. I am also going to check with [REDACTED] she said she talked to them. I am also going to talk to [REDACTED] who she has been working with to see if she just needs direction. Any ideas you have for me would be appreciated.

[REDACTED]

**Bercier, Jaclyn (COMM)**

---

**From:** Pilot, Lisa (COMM)  
**Sent:** Wednesday, June 24, 2015 9:56 AM  
**To:** Bercier, Jaclyn (COMM)  
**Subject:** FW: Constituent Question re: LTC

**Importance:** High

LISA PILOT  
Investigator  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651.539.1646



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**From:** Brickwedde, Peter (COMM)  
**Sent:** Tuesday, June 23, 2015 4:11 PM  
**To:** Pilot, Lisa (COMM)  
**Cc:** Verdeja, Megan (COMM)  
**Subject:** FW: Constituent Question re: LTC

Lisa,

Another one for follow up tomorrow, not sure if this should go to CSC or enforcement for intake?

Thanks!

-Peter

**Peter Brickwedde**  
Director, Government Affairs  
Minnesota Department of Commerce  
85 7<sup>th</sup> Place East, Suite 500, Saint Paul, MN 55101  
P: 651-539-1443



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**From:** [REDACTED]  
**Sent:** Tuesday, June 23, 2015 3:49 PM  
**To:** Brickwedde, Peter (COMM)  
**Subject:** Constituent Question re: LTC

Hello Peter -

Hope all is well. I was referred to you regarding a question from [REDACTED] on behalf of a constituent. In summary, we are looking to know if the constituent has any options to appeal for coverage for a lift chair from her long-term care insurance carrier.

What are the statutes that regulate LTC in the State of Minnesota?

I've pasted the information via [REDACTED] below, and the constituent's information is as follows:

[REDACTED]

>>> [REDACTED]

[REDACTED] has purchase some long-term health care years ago. It was suppose to help her fund care when she needed help. She is in her own home, but needing assistance with bathing, getting to the store etc. She is frustrated with the insurance company, She thinks the name is Transamerica, although it started out as Bankers life. Is there rules or requirements for Long-term health care? I suppose I could talk to the Ombudsman for long term care. I am also going to check with [REDACTED] she said she talked to them. I am also going to talk to [REDACTED] who she has been working with to see if she just needs direction. Any ideas you have for me would be appreciated.

[REDACTED]

[REDACTED]

September 3, 2012

To:

Jonathan Adams, LMSW  
Transamerica Life Insurance Company  
Claims Department  
PO Box 93019  
Hurst, Texas 76053

RECEIVED

APR 30 2014

MAILROOM

RE:

Policy #: [REDACTED]  
Claim #: [REDACTED]  
Claimant: [REDACTED]

Subject:

Supplemental Information to support Claim

Dear Mr. Adams,

[REDACTED] is suffering from [REDACTED]. These conditions are not only painful, and progressive, but are debilitating and severely limit her mobility. For the following reasons, [REDACTED] reached a point where she was no longer capable of independent living and had to chose to move to a nursing home or to assisted living where she would receive assistance with the following:

1. Bathing – unable to get into or out of a bath without assistance.
2. Dressing – unable to put on and take off compression socks and shoes without assistance.
3. Transferring – while able with difficulty to move from a bed to a walker, or from a lift chair to a walker or from a walker to a toilet seat; she cannot stand or move without holding onto a walker with both hands. She tires quickly and lacks the strength and stamina to make multiple moves without prolonged rest periods. While in a standing position there is additional pressure on the nerves in her spine which makes it very painful for her to stand holding onto a walker or a chair. Over the past year she has fallen numerous times while attempting to transfer from bed to walker or walker to toilet seat. She wears a device that is monitored so that she can receive assistance when she falls.
4. Eating – while able to feed herself, [REDACTED] is unable to prepare food, transfer food from a stove to plate, carry a plate or dish to a table, reach into a refrigerator or cupboard, open cans, or clean dishes after a meal. Since she is

unable to obtain (go to a grocery or restaurant) and without assistance prepare a meal, she is in essence unable to eat without assistance.

5. Cognitive impairment – fortunately [REDACTED] doesn't suffer from Alzheimer's or other forms of senility or dementia, but there are days when the pain caused by the spinal stenosis is so great that she can become confused, and is slow to process and communicate her thoughts.

Because of her age and these impairments, [REDACTED] would have been a candidate for either assisted living or a nursing home. She chose assisted living for the additional space and privacy. Reviewing her daily activities, we believe that she qualifies for the full nursing home benefit. Just because the term assisted living wasn't used at the time that the policy was written shouldn't preclude her from receiving the full benefits of this policy when looking at her impairments and age.

If this requires further discussion please contact us at the number listed below as [REDACTED] has hearing loss and has a difficult time with telephone conversations. We look forward to a speedy review and positive resolution of this issue.

Sincerely,

[REDACTED]  
[REDACTED]  
Phone: [REDACTED]

*FAXed 12/18/12  
w/ copies of all  
documents*

(B)

December 18, 2012

Minnesota Dept. of Commerce  
Consumer Protection  
85 -7<sup>th</sup> Place E. #500  
St. Paul, MN 55101

To Whom It May Concern:

Thank you for directing me to file a formal complaint regarding Transamerica Life Insurance Company and my 92 year old [REDACTED] long term care policy. We are desperate for a resolution so that we can purchase much needed staff and pay the \$11,000 we already naively spent on services. I believe the following documents will be able to define very clearly our issue and the formal appeal I submitted to the company today.

Following this 90 day issue, I subsequently have to ask why, with the Consumer Directed Community Service waiver in place in Minnesota, we should be forced by an insurance company to purchase "Home Health Aides" which are more expensive, when all we require at this time is the services of "Personal Care Attendants", at 1/2 the cost. I think that there is a lot to look at here.

We will appreciate anything and everything that you can help with. I've worked very hard to keep my mom at home with me all these years. Her measly \$45,000 policy would sure go a lot farther if we weren't being required to spend dollars on services we don't need.

I look forward to hearing from you. Please let me know what else you need from me.

Sincerely,

[REDACTED]