

SERFF Tracking Number: NWST-125787991 State: Arkansas  
 Filing Company: Northwestern Long-Term Care Insurance State Tracking Number: 40069  
 Company  
 Company Tracking Number: LTC PARTNERSHIP CERTIFICATION  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
 Product Name: LTC Partnership Certification  
 Project Name/Number: LTC Partnership Certification/LTC Partnership Certification

## Filing at a Glance

Company: Northwestern Long-Term Care Insurance Company

Product Name: LTC Partnership Certification SERFF Tr Num: NWST-125787991 State: ArkansasLH  
 TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40069  
 Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTC PARTNERSHIP State Status: Approved-Closed  
 CERTIFICATION

Filing Type: Form Co Status: Reviewer(s): Marie Bennett, Harris Shearer

Authors: Angela Hanson, Debbie Orr Disposition Date: 10/22/2008

Date Submitted: 08/26/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Partnership Certification

Project Number: LTC Partnership Certification

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/22/2008

State Status Changed: 10/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Enclosed with this filing is the "Partnership Certification" for policy forms RS.LTC.(1101) and RS.LTC.(0708). We are submitting this "Certification" in response to your state's adoption of the Long-Term Care Partnership Program.

For inflation protection options, we will be using the Automatic Benefit Increase, form RR.LTC.ABI.(0798) at 5% and the

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Automatic Additional Purchase Benefit, form RS.LTC.APB.(1101) qualify as inflation protection under the Missouri Partnership Program for those persons less than age 76, for each age group (less than age 61, 61 through age 75).

Please also note that we have attached form LTC.PART.AMDT.AR. This is the amendment that will be used when policyowners wish to exchange their current policy for a "Partnership" policy.

Sincerely,  
Angela S. Hanson  
Product Compliance Specialist  
414.665.7233

## Company and Contact

### Filing Contact Information

Angela Hanson, Product Compliance Specialist [angelahanson@northwesternmutual.com](mailto:angelahanson@northwesternmutual.com)  
720 East Wisconsin Avenue (414) 665-7233 [Phone]  
Milwaukee, WI 53202 (414) 665-5006[FAX]

### Filing Company Information

Northwestern Long-Term Care Insurance CoCode: 69000 State of Domicile: Wisconsin  
Company  
720 East Wisconsin Avenue Group Code: 860 Company Type: Long Term Care  
Rm S845  
Milwaukee, WI 53202 Group Name: State ID Number:  
(414) 665-4224 ext. [Phone] FEIN Number: 36-2258318  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: \$20.00 per form filed separately from policy.  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Northwestern Long-Term Care Insurance Company	\$20.00	08/26/2008	22140401

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	10/22/2008	10/22/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Harris Shearer	10/16/2008	10/16/2008	Angela Hanson	10/17/2008	10/17/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status	Note To Reviewer	Angela Hanson	10/06/2008	10/06/2008

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## Disposition

Disposition Date: 10/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Amendment to Long-Term Care Insurance Policy		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/16/2008  
Submitted Date 10/16/2008  
Respond By Date 10/31/2008

Dear Angela Hanson,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Cover Letter

Please attach revised cover letter indicating compliance with the ARKANSAS Partnership Program not Missouri's.

Please feel free to contact me if you have questions.

Sincerely,

Harris Shearer

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/17/2008  
Submitted Date 10/17/2008

Dear Harris Shearer,

### Comments:

#### Response 1

Comments: Dear Mr. Shearer:

Per your request, below is the cover letter updated with the referece to Arkansas instead of Missouri. We apologize for the error.

Enclosed with this filing is the "Partnership Certification" for policy forms RS.LTC.(1101) and RS.LTC.(0708). We are

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submitting this "Certification" in response to your state's adoption of the Long-Term Care Partnership Program.

For inflation protection options, we will be using the Automatic Benefit Increase, form RR.LTC.ABI.(0798) at 5% and the Automatic Additional Purchase Benefit, form RS.LTC.APB.(1101) qualify as inflation protection under the Arkansas Partnership Program for those persons less than age 76, for each age group (less than age 61, 61 through age 75).

Please also note that we have attached form LTC.PART.AMDT.AR. This is the amendment that will be used when policyowners wish to exchange their current policy for a "Partnership" policy.

Sincerely,  
Angela S. Hanson  
Product Compliance Specialist  
414.665.7233

#### **Related Objection 1**

Comment:  
Cover Letter

Please attach revised cover letter indicating compliance with the ARKANSAS Partnership Program not Missouri's.

#### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Angela Hanson, Debbie Orr

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**Note To Reviewer**

**Created By:**

Angela Hanson on 10/06/2008 10:39 AM

**Subject:**

Status

**Comments:**

Could you please provide a status on this filing?

Thank you.

Angela S. Hanson  
Product Compliance Consultant  
414.665.7233

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## Form Schedule

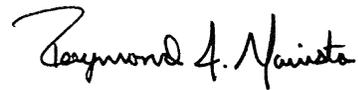
Lead Form Number: LTC Partnership Certification

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC.PART.AMDT.AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Insurance	Initial			LTC PART AMDT AR.pdf

## AMENDMENT TO LONG-TERM CARE INSURANCE POLICY

This amendment is made part of your long-term care insurance policy from Northwestern Long Term Care Insurance Company and is effective as of [state partnership program effective date].

This policy is intended to meet the standards for the long-term care Partnership Program in .



Secretary  
NORTHWESTERN LONG TERM CARE  
INSURANCE COMPANY



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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 08/22/2008  
**Comments:**  
**Attachment:**  
AR 1101 0708 Partnership Certification.pdf

**Review Status:**  
**Bypassed -Name:** Application 08/22/2008  
**Bypass Reason:** Not applicable for partnership filings.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Health - Actuarial Justification 08/22/2008  
**Bypass Reason:** Not applicable for partnership filings.  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Outline of Coverage 08/22/2008  
**Bypass Reason:** Not applicable for partnership filings.  
**Comments:**

**APPENDIX C**  
**ISSUER CERTIFICATION FORM**  
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, e.g., as it introduces new long-term care insurance policy forms for issuance.

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**I. GENERAL INFORMATION**

**A. Name, address and telephone number of issuer:**

Northwestern Long Term Care Insurance Company  
720 E. Wisconsin Avenue  
Milwaukee, WI 53202  
(800) 890-6704

**B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:**

Angela Hanson  
720 E. Wisconsin Avenue  
Milwaukee, WI 53202 (414) 665-7233 angelahanson@northwesternmutual.com

**C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**

RS. LTC. (1101) and RS. LTC. (0708)

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

**II. CERTIFICATIONS**

- A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on {insert issuer name's} behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

August 28, 2008  
Date

Ted A. Matchwat, Product Compliance Officer  
Name and title of officer of the Issuer  
Ted A. Matchwat  
Signature of officer of the Issuer