Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: Individual Long Term Care Isnurance	SERFF Tr Num: PRUD-125821895	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 40294
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: IIGH-GRP113919PART-RP-AR	State Status: Filed-Closed
Filing Type: Form	Co Status: IIGH	Reviewer(s): Marie Bennett, Harris Shearer
	Author: Raenonna Ransom	Disposition Date: 10/23/2008
	Date Submitted: 09/18/2008	Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: AR - ILTC-3.5 National Partnership Plan	Status of Filing in Domicile: Pending
Project Number: N/A	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/23/2008	
State Status Changed: 10/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

AR - ILTC-3.5 National Partnership Plan

Company and Contact

Filing Contact Information

Karen Smyth, Assistant Secretary karen.smyth@prudential.com
2101 Welsh Road (215) 658-6279 [Phone]
Dresher, PA 19025 (888) 294-6332[FAX]

Filing Company Information

The Prudential Insurance Company of America	CoCode: 68241	State of Domicile: New Jersey
751 Broad Street	Group Code: 304	Company Type: Life
Newark, NJ 07102-3777	Group Name:	State ID Number:
(973) 802-6000 ext. [Phone]	FEIN Number: 22-1211670	

Filing Fees

Fee Required?	Yes
Fee Amount:	$60.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	$60.00	09/18/2008	22582924

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Marie Bennett	10/23/2008	10/23/2008

Disposition

Disposition Date: 10/23/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment: PREVIOUSLY APPROVED FORMS GRP113919, GRP113821 AND GRP113920 ARE ACCEPTABLE FOR USE IN THE ARKANSAS PARTNERSHIP PROGRAM.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*PRUD-125821895*	*State:*	*Arkansas*
Filing Company:	*The Prudential Insurance Company of America*	*State Tracking Number:*	*40294*
Company Tracking Number:	*IIGH-GRP113919PART-RP-AR*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Individual Long Term Care Isnurance*		
Project Name/Number:	*AR - ILTC-3.5 National Partnership Plan/N/A*		

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
Supporting Document	Filing Letter	Filed	Yes
Supporting Document	AR Long Term Care Partnership Issuer Certification Forms	Accepted for Informational Purposes	Yes
Supporting Document	GRP 114420 - Solicitation Disclosure Form	Accepted for Informational Purposes	Yes
Supporting Document	GRP 114421 - Policy Disclosure Form	Accepted for Informational Purposes	Yes
Form	2% Automatic Compound Inflation Benefit Rider	Accepted for Informational Purposes	Yes
Form	3% Automatic Compound Inflation Benefit Rider	Accepted for Informational Purposes	Yes
Form	4% Automatic Compound Inflation Benefit Rider	Accepted for Informational Purposes	Yes

Form Schedule

Lead Form Number: GRP 113919

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Accepted for Informational Purposes	GRP 113919	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	2% Automatic Compound Inflation Benefit Rider	Initial			GRP 113919 - 2% Compound Inflation Rider.pdf
Accepted for Informational Purposes	GRP 113821	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	3% Automatic Compound Inflation Benefit Rider	Initial			GRP 113821 - 3% Compound Inflation Rider.pdf
Accepted for Informational Purposes	GRP 113920	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	4% Automatic Compound Inflation Benefit Rider	Initial			GRP 113920 - 4% Compound Inflation Rider.pdf

Prudential

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102-3777

Long Term Care Insurance
Optional Inflation Rider
2% AUTOMATIC COMPOUND INFLATION BENEFIT

This Rider is issued in consideration of your Application and payment of the full modal premium. It becomes a part of your Policy. It takes effect on the Effective Date stated for this Rider in the **Schedule of Policy Benefits**. Please refer to the **Glossary** in your Policy for definitions.

This Rider amends your Policy to increase the benefit levels as described below, by 2% compounded annually.

The following provision is added to the section entitled **ADDITIONAL POLICY FEATURES.**

2% AUTOMATIC COMPOUND INCREASES

Your benefits will automatically increase on each Policy Anniversary. The first increase will take effect on the Policy Anniversary that follows the Effective Date of this Rider. The increase will occur even if you are receiving benefits.

If you have purchased additional benefits after the Effective Date of this Rider, increases will also occur for those benefits, in accordance with the terms and conditions described herein.

Your premium will not increase solely due to increases under this Rider.

Increases to your Facility and Home Care Daily Benefits

Your increased Facility and Home Care Daily Benefits will be determined as follows.

1) Your current Facility and Home Care Daily Benefits will be increased by 2%.
2) Amounts are rounded to the nearest dollar.

Increases to your Lifetime Maximum

Your increased Lifetime Maximum will be determined as follows.

1) The Lifetime Maximum remaining as of the Prior Policy Anniversary will be increased by 2%.
2) Amounts are rounded to the nearest dollar.
3) Benefits paid under your Policy, if any, during the Prior Policy Year will be deducted from this amount.

Increases to your Home Support Services Lifetime Benefit

Your increased Home Support Services Lifetime Benefit will be determined as follows.

1) The Home Support Services Lifetime Benefit in effect on the Prior Policy Anniversary will be increased by 2%.
2) Amounts are rounded to the nearest dollar.
3) Home Support Services benefits paid under your Policy, if any, during the Prior Policy Year will be deducted from this amount.

Increases to your Private Care Consultant Calendar Year Benefit

Your increased Private Care Consultant Calendar Year Benefit will be equal to your increased Facility Daily Benefit times 20.

If your Policy is effective on a day other than the first day of the year, this benefit will be prorated.

Increases to your International Coverage Benefit

Your increased International Coverage Facility and Home Care Daily Benefits will be determined as follows.

1) Your current International Coverage Facility and Home Care Daily Benefits will be increased by 2%.
2) Amounts are rounded to the nearest dollar.

The following provisions are added to the section of your Policy entitled **WHEN YOUR POLICY ENDS.**

Termination of 2% Automatic Compound Inflation Rider

This Rider will terminate if any of the following events occur.

1) Your Policy lapses because you fail to pay the full modal premium when due or in accordance with the Grace Period provision. This Rider will end as of the due date of the unpaid premium.
2) You send a written request to terminate this Rider. This Rider will end as of the date the request is received, unless a later date is specified.

Effect of Lapse and Termination of 2% Automatic Compound Inflation Rider

If your Policy ends and is later reinstated, automatic inflation increases will be made as if your Policy had remained in effect.

If your Policy lapses for non-payment of premium and coverage continues under the Non-Forfeiture Benefit Rider, no increase will be made after the due date of the unpaid premium.

If you elect a lesser Lifetime Maximum under the Contingent Non-Forfeiture provision, no additional increases will be made.

Except as modified above, all other terms and conditions of your Policy remain the same.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Kathleen M. Gibson
Secretary

Prudential

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102-3777

Long Term Care Insurance
Optional Inflation Rider
3% AUTOMATIC COMPOUND INFLATION BENEFIT

This Rider is issued in consideration of your Application and payment of the full modal premium. It becomes a part of your Policy. It takes effect on the Effective Date stated for this Rider in the **Schedule of Policy Benefits**. Please refer to the **Glossary** in your Policy for definitions.

This Rider amends your Policy to increase the benefit levels as described below, by 3% compounded annually.

The following provision is added to the section entitled **ADDITIONAL POLICY FEATURES.**

3% AUTOMATIC COMPOUND INCREASES

Your benefits will automatically increase on each Policy Anniversary. The first increase will take effect on the Policy Anniversary that follows the Effective Date of this Rider. The increase will occur even if you are receiving benefits.

If you have purchased additional benefits after the Effective Date of this Rider, increases will also occur for those benefits, in accordance with the terms and conditions described herein.

Your premium will not increase solely due to increases under this Rider.

Increases to your Facility and Home Care Daily Benefits

Your increased Facility and Home Care Daily Benefits will be determined as follows.

1) Your current Facility and Home Care Daily Benefits will be increased by 3%.
2) Amounts are rounded to the nearest dollar.

Increases to your Lifetime Maximum

Your increased Lifetime Maximum will be determined as follows.

1) The Lifetime Maximum remaining as of the Prior Policy Anniversary will be increased by 3%.
2) Amounts are rounded to the nearest dollar.
3) Benefits paid under your Policy, if any, during the Prior Policy Year will be deducted from this amount.

Increases to your Home Support Services Lifetime Benefit

Your increased Home Support Services Lifetime Benefit will be determined as follows.

1) The Home Support Services Lifetime Benefit in effect on the Prior Policy Anniversary will be increased by 3%.
2) Amounts are rounded to the nearest dollar.
3) Home Support Services benefits paid under your Policy, if any, during the Prior Policy Year will be deducted from this amount.

Increases to your Private Care Consultant Calendar Year Benefit

Your increased Private Care Consultant Calendar Year Benefit will be equal to your increased Facility Daily Benefit times 20.

If your Policy is effective on a day other than the first day of the year, this benefit will be prorated.

Increases to your International Coverage Benefit

Your increased International Coverage Facility and Home Care Daily Benefits will be determined as follows.

1) Your current International Coverage Facility and Home Care Daily Benefits will be increased by 3%.
2) Amounts are rounded to the nearest dollar.

The following provisions are added to the section of your Policy entitled **WHEN YOUR POLICY ENDS.**

Termination of 3% Automatic Compound Inflation Rider

This Rider will terminate if any of the following events occur.

1) Your Policy lapses because you fail to pay the full modal premium when due or in accordance with the Grace Period provision. This Rider will end as of the due date of the unpaid premium.
2) You send a written request to terminate this Rider. This Rider will end as of the date the request is received, unless a later date is specified.

Effect of Lapse and Termination of 3% Automatic Compound Inflation Rider

If your Policy ends and is later reinstated, automatic inflation increases will be made as if your Policy had remained in effect.

If your Policy lapses for non-payment of premium and coverage continues under the Non-Forfeiture Benefit Rider, no increase will be made after the due date of the unpaid premium.

If you elect a lesser Lifetime Maximum under the Contingent Non-Forfeiture provision, no additional increases will be made.

Except as modified above, all other terms and conditions of your Policy remain the same.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Kathleen M. Gibson
Secretary

Prudential

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102-3777

Long Term Care Insurance
Optional Inflation Rider
4% AUTOMATIC COMPOUND INFLATION BENEFIT

This Rider is issued in consideration of your Application and payment of the full modal premium. It becomes a part of your Policy. It takes effect on the Effective Date stated for this Rider in the **Schedule of Policy Benefits**. Please refer to the **Glossary** in your Policy for definitions.

This Rider amends your Policy to increase the benefit levels as described below, by 4% compounded annually.

The following provision is added to the section entitled **ADDITIONAL POLICY FEATURES.**

4% AUTOMATIC COMPOUND INCREASES

Your benefits will automatically increase on each Policy Anniversary. The first increase will take effect on the Policy Anniversary that follows the Effective Date of this Rider. The increase will occur even if you are receiving benefits.

If you have purchased additional benefits after the Effective Date of this Rider, increases will also occur for those benefits, in accordance with the terms and conditions described herein.

Your premium will not increase solely due to increases under this Rider.

Increases to your Facility and Home Care Daily Benefits

Your increased Facility and Home Care Daily Benefits will be determined as follows.

1) Your current Facility and Home Care Daily Benefits will be increased by 4%.
2) Amounts are rounded to the nearest dollar.

Increases to your Lifetime Maximum

Your increased Lifetime Maximum will be determined as follows.

1) The Lifetime Maximum remaining as of the Prior Policy Anniversary will be increased by 4%.
2) Amounts are rounded to the nearest dollar.
3) Benefits paid under your Policy, if any, during the Prior Policy Year will be deducted from this amount.

Increases to your Home Support Services Lifetime Benefit

Your increased Home Support Services Lifetime Benefit will be determined as follows.

1) The Home Support Services Lifetime Benefit in effect on the Prior Policy Anniversary will be increased by 4%.
2) Amounts are rounded to the nearest dollar.
3) Home Support Services benefits paid under your Policy, if any, during the Prior Policy Year will be deducted from this amount.

Increases to your Private Care Consultant Calendar Year Benefit

Your increased Private Care Consultant Calendar Year Benefit will be equal to your increased Facility Daily Benefit times 20.

If your Policy is effective on a day other than the first day of the year, this benefit will be prorated.

Increases to your International Coverage Benefit

Your increased International Coverage Facility and Home Care Daily Benefits will be determined as follows.

1) Your current International Coverage Facility and Home Care Daily Benefits will be increased by 4%.
2) Amounts are rounded to the nearest dollar.

The following provisions are added to the section of your Policy entitled **WHEN YOUR POLICY ENDS.**

Termination of 4% Automatic Compound Inflation Rider

This Rider will terminate if any of the following events occur.

1) Your Policy lapses because you fail to pay the full modal premium when due or in accordance with the Grace Period provision. This Rider will end as of the due date of the unpaid premium.
2) You send a written request to terminate this Rider. This Rider will end as of the date the request is received, unless a later date is specified.

Effect of Lapse and Termination of 4% Automatic Compound Inflation Rider

If your Policy ends and is later reinstated, automatic inflation increases will be made as if your Policy had remained in effect.

If your Policy lapses for non-payment of premium and coverage continues under the Non-Forfeiture Benefit Rider, no increase will be made after the due date of the unpaid premium.

If you elect a lesser Lifetime Maximum under the Contingent Non-Forfeiture provision, no additional increases will be made.

Except as modified above, all other terms and conditions of your Policy remain the same.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Kathleen M. Gibson
Secretary

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Bypassed -Name: Certification/Notice 10/23/2008

Bypass Reason: N/A

Comments:

Review Status:

Bypassed -Name: Application 09/18/2008

Bypass Reason: N/A

Comments:

Review Status:

Bypassed -Name: Health - Actuarial Justification 09/18/2008

Bypass Reason: N/A

Comments:

Review Status:

Bypassed -Name: Outline of Coverage 09/18/2008

Bypass Reason: N/A

Comments:

Review Status:

Satisfied -Name: Filing Letter Filed 10/23/2008

Comments:

Attachment:

AR -Partnership Filing Letter - 9-18-2008.pdf

Review Status:

Satisfied -Name: AR Long Term Care Partnership Issuer Certification Forms Accepted for Informational Purposes 10/23/2008

Comments:

Attachments:

AR - Appendix C Issuer Certification Form.pdf

AR - Part III Inflation Protection -9-18-2008.pdf

Satisfied -Name: GRP 114420 - Solicitation Disclosure Form

Review Status: Accepted for Informational Purposes 10/23/2008

Comments:

Attachment:

GRP 114420- Solicitation Disclosure Form.pdf

Satisfied -Name: GRP 114421 - Policy Disclosure Form

Review Status: Accepted for Informational Purposes 10/23/2008

Comments:

Attachment:

GRP 114421- Policy Disclosure Form.pdf

Karen L. Smyth, FLMI, ACS, AIAA, AIRC, CLTC, LTCP
Assistant Secretary
Group Insurance

The Prudential Insurance Company of America
Long Term Care Unit
2101 Welsh Road
Dresher, Pennsylvania 19025
Tel 215 658-6279 Fax 888 294-6332

September 18, 2008

The Honorable Julia Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little, Rock, AR 72201-1904

Re: Long Term Care Insurance Partnership Certification Form
Policy Form GRP 113919, et al (previously approved on 06/10/2008)

Dear Commissioner Bowman:

Enclosed please find a completed Arkansas Issuer Certification Form for the Long-Term Care Partnership Program pursuant to 42 U.S.C. 1396p(b)(5)(B)(iii) of the Deficit Reduction Act of 2005.

Prudential is requesting to make use of the recently approved 2%, 3% and 4% Automatic Compound Inflation Benefit optional riders (GRP 113919, GRP 113821, & GRP 113920, approved by the Department on June 10, 2008), in conjunction with its approved qualified state long term care partnership policy. (Filed and approved by the Department on September 3, 2008.)

Accordingly, the Certification Form, copies of all relevant documents have been enclosed for your review. If there are any questions concerning this filing, please contact:

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
2101 Welsh Road, LTC Unit
Dresher, PA 19025
Tel: (215) 658-6281 Fax: (888) 294-6332
raenonna.prince@prudential.com

Very truly yours,

Karen L. Smyth

Karen L. Smyth
Assistant Secretary
Enclosures

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.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

The Prudential Insurance Company of America
751 Broad Street, Newark, NJ 07102-3777
800-732-0416

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:

Raenonna L. Prince
2101 Welsh Road, LTC Unit
Dresher, PA 19025
215-658-6281
raenonna.prince@prudential.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):

GRP 113919, GRP 113920, GRP 113821

Please be advised that the Policy (GRP 113096, et al), was previously approved by the Department on September 3, 2008, for the state's Long Term Care Insurance Partnership Plan.

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.

_09/18/2008_____
Date

Karen L. Smyth, Assistant Secretary
Name and title of officer of the Issuer

_____
Signature of officer of the Issuer

Part III Inflation Protection

Ages Under 61			
(Approved for Partnership – September 3, 2008	GRP 113099	Automatic Compound Inflation Benefit – No Maximum	5% compound inflation
(New)	**GRP 113919**	**Automatic Compound Inflation Benefit**	**2% compound inflation**
(New)	**GRP 113821**	**Automatic Compound Inflation Benefit**	**3% compound inflation**
(New)	**GRP 113920**	**Automatic Compound Inflation Benefit**	**4% compound inflation**
Ages 61 – 75			
(Approved for Partnership – September 3, 2008	GRP 113099	Automatic Compound Inflation Benefit – No Maximum	5% compound inflation
(Approved for Partnership – September 3, 2008	GRP 113098	Automatic Compound Inflation Benefit – 2X Maximum	5% compound inflation until Facility Daily Benefit doubles
	GRP 113101	Automatic Simple Inflation Benefit	5% simple inflation
(New)	**GRP 113919**	**Automatic Compound Inflation Benefit**	**2% compound inflation**
(New)	**GRP 113821**	**Automatic Compound Inflation Benefit**	**3% compound inflation**
(New)	**GRP 113920**	**Automatic Compound Inflation Benefit**	**4% compound inflation**
Ages 76+			
(Approved for Partnership – September 3, 2008	GRP 113099	Automatic Compound Inflation Benefit – No Maximum	5% compound inflation
(Approved for Partnership – September 3, 2008	GRP 113098	Automatic Compound Inflation Benefit – 2X Maximum	5% compound inflation until Facility Daily Benefit doubles
(Approved for Partnership – September 3, 2008	GRP 113101	Automatic Simple Inflation Benefit	5% simple inflation
(Approved for Partnership – September 3, 2008	GRP 113100	Guaranteed Purchase Option	5% compound inflation offered every three years
(New)	**GRP 113919**	**Automatic Compound Inflation Benefit**	**2% compound inflation**
(New)	**GRP 113821**	**Automatic Compound Inflation Benefit**	**3% compound inflation**
(New)	**GRP 113920**	**Automatic Compound Inflation Benefit**	**4% compound inflation**

The Prudential Insurance Company of America
Long Term Care Customer Service Center
P.O. Box 8519
Philadelphia, Pennsylvania 19176-8519
Tel 800-732-0416

Solicitation Disclosure Form
Important Consumer Information Regarding the Arkansas Long-Term Care Insurance Partnership Program

Some long-term care insurance policies [certificates] sold in Arkansas may qualify for the Arkansas Long-Term Care Insurance Partnership Program (the Partnership Program). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies [certificates] that qualify as Partnership Policies [Certificates] may protect the policyholder's [certificate holder's] assets through a feature known as "Asset Disregard" under Arkansas Medicaid program.

Asset Disregard means that an amount of the policyholder's [certificate holder's] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy [Certificate] will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy [Certificate] without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply and special rules may apply to persons whose home equity exceeds $500,000. Asset Disregard is not available under a long-term care insurance policy [certificate] that is not a Partnership Policy [Certificate]. Therefore, you should consider if Asset Disregard is important to you, and whether a Partnership Policy meets your needs. ***The purchase of a Partnership Policy does not automatically qualify you for Medicaid.***

What are the Requirements for a Partnership Policy [Certificate]? In order for a policy [certificate] to qualify as a Partnership Policy [Certificate], it must, among other requirements:

- be issued to an individual after January 1, 2008;
- cover an individual who was an Arkansas resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under Section 7702(B)(b) of the Internal Revenue Code of 1986;
- meet stringent consumer protection standards and
- must provide compound annual inflation protection for ages 75 and younger.

If you apply and are approved for long-term care insurance coverage, [carrier name] will provide you with written documentation as to whether or not your policy [certificate] qualifies as a Partnership Policy [Certificate].

What Could Disqualify a Policy [Certificate] as a Partnership Policy. Certain types of changes to a Partnership Policy [Certificate] could affect whether or not such policy [certificate] continues to be a Partnership Policy [Certificate]. If you purchase a Partnership Policy

The Prudential Insurance Company of America
Long Term Care Customer Service Center
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Tel 800-732-0416

[Certificate] and later decide to make *any* changes, you should first consult with [carrier name] to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy [certificate] as a Partnership Policy [Certificate], you would not receive beneficial treatment of your policy [certificate] under the Medicaid program of that state. The information contained in this disclosure is based on current Arkansas and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy [certificate] under Arkansas's Medicaid program.

Additional Information. If you have questions regarding long-term care insurance policies [certificates] please contact [carrier name.] If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

The Prudential Insurance Company of America
Long Term Care Customer Service Center
P.O. Box 8519
Philadelphia, Pennsylvania 19176-8519
Tel 800-732-0416

Policy Disclosure Form

Important Information Regarding Your [Policy's] [Certificate's] Long-Term Care Insurance Partnership Status

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies [certificates] sold in Arkansas qualify for the Arkansas Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies [certificates] that qualify as Partnership Policies [Certificates] may be entitled to special treatment, and in particular an "Asset Disregard," under Arkansas's Medicaid program.

Asset Disregard means that an amount of the policyholder's [certificate holder's] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy [Certificates] will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy [Certificate] without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply and special rules may apply to persons whose home equity exceeds $[500,000]. Asset Disregard is **not** available under a long-term care insurance policy [certificate] that is not a Partnership Policy [Certificate]. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

Partnership Policy [Certificate] Status**. Your long-term care insurance policy [certificate] is intended to qualify as a Partnership Policy [Certificate] under the *Arkansas* Long-Term Care Partnership Program as of your Policy's [Certificate's] effective date.**

What Could Disqualify Your [Policy] [Certificate] as a Partnership Policy**.** If you make any changes to your [policy] [certificate], such changes could affect whether your [policy] [certificate] continues to be a Partnership Policy. ***Before you make any changes, you should consult with [insert name of carrier] to determine the effect of a proposed change.*** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your [policy] [certificate] as a Partnership Policy [Certificate], you would not receive beneficial treatment of your [policy] [certificate] under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your [policy] [certificate] under Arkansas's Medicaid program.

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P.O. Box 8519
Philadelphia, Pennsylvania 19176-8519
Tel 800-732-0416

Additional Information. If you have questions regarding your insurance policy [certificate] please contact [insert name of carrier.] If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

This form and all benefit statements received should be kept with your policy.

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Long Term Care Customer Service Center
P.O. Box 8519
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GRP 114421