

SERFF Tracking Number: NYLX-125895853 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 40828
Company Tracking Number: LTCAR0024601A01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CP Adv Natl Cons - Prod Spec
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024601A01

Filing at a Glance

Company: New York Life Insurance Company
Product Name: CP Adv Natl Cons - Prod Spec SERFF Tr Num: NYLX-125895853 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40828
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCAR0024601A01 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett
Author: SPI NewYorkLifeInsCoLTC Disposition Date: 11/13/2008
Date Submitted: 11/11/2008 Disposition Status: Filed-Closed
Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: CP Adv Natl Cons - Prod Spec Status of Filing in Domicile:
Project Number: LTCAR0024601A01 Date Approved in Domicile:
Requested Filing Mode: File & Use 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: 11/13/2008
State Status Changed: 11/13/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number 376148CV

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

We consider this advertisement a lead generation device about long-term care insurance. The form is a letter for an

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agent to refer a colleague to his/her existing client for the purpose of providing information on long-term care insurance. The advertising will be used as a lead generation device to increase the consumer's interest in inquiring more about long-term care insurance.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Sr. Contract and Compliance Associate

Enclosure(s)

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance Associate sbyrnes@newyorklifeltc.com
6200 Bridge Point Parkway Suite 400 (512) 703-5555 [Phone]
Austin, TX 78730-5006 (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
6200 Bridge Point Parkway Suite 400 Group Code: 826 Company Type:
Austin, TX 78730 Group Name: State ID Number:

SERFF Tracking Number: NYLX-125895853 State: Arkansas
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(512) 703-5555 ext. [Phone]

FEIN Number: 13-5582869

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$25.00	11/11/2008	23834525

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	11/13/2008	11/13/2008

SERFF Tracking Number: NYLX-125895853 *State:* Arkansas
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Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024601A01

Disposition

Disposition Date: 11/13/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR Cvr Ltr, AR NAIC Trans, AR FeeScheduleFm		Yes
Form	Agent Referral Letter		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	376148CV	Advertising Agent Referral Letter	Initial				376148CV.PDF

[MUST BE MAILED ON NYL LETTERHEAD AS PURCHASED THROUGH COMPANY PROGRAM]



The Company You Keep. ®

[DATE]

[NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear [PROSPECT/CLIENT]:

You and I have worked together in the past to identify your financial needs and map out a strategy to help you meet your goals for achieving long-term financial stability. One area that could present a risk to these goals is the potential costs of long-term care.

Long-term care is the assistance one needs with activities of daily living because of a chronic illness or disability or, as a result of a cognitive disorder. A long-term care need could significantly reduce your assets and create a financial strain for you and your family. What will happen to your financial plan if you need long term care?

An individual long-term care insurance policy from New York Life Insurance Company (New York Life) can help protect your assets. You can also maintain control over where you receive care, whether it's at home, in an assisted living facility. Such protection also can relieve your family of the financial, physical and emotional stress of having to provide your care.

I hope that you will never need long-term care. However, should the need arise, I want you to have New York Life's long-term care insurance protection.

I have asked my associate [(name)], a fellow New York Life agent in whom I have complete confidence and who focuses on long-term care insurance, to call you next week to talk to you about this valuable coverage. Please call if you have questions.

Sincerely,

[Agent signature]

[AGENT NAME]

Agent

[Agent contact information]

An insurance agent may contact you. The purpose of this form is for solicitation of insurance. New York Life Insurance Company's individual tax qualified Long-Term Care Insurance policies are issued on policy form series ILTC-5000, FLTC-5000, INH-5000 and FNH-5000. The actual policy form numbers vary by state and are identified with the two letter state identifier and an edition number. The policy(s) have exclusions/limitations. For cost and complete details of coverage, please call or write your insurance agent or the company.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: AR Cvr Ltr, AR NAIC Trans, AR
FeeScheduleFm

11/11/2008

Comments:

Attachments:

AR NAIC Trans.PDF
AR FeeScheduleFm.PDF
AR Cvr Ltr.PDF

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
N/A							
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584	512-703-5575	sbyrnes@newyorklifeltc.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	376148CV					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	LTC 03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>					
11.	Submitted Documents	<input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	Filing Submission Date	November 10, 2008	
13.	Filing Fee (If required)	Amount <u>\$25.00</u>	Check Date <u>EFT</u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
<p>Re: New York Life Insurance Company NAIC # 826-66915; FEIN # 13-5582869 Long-Term Care Advertising Form Number 376148CV</p> <p>The above-captioned form is being submitted for your review. This form is new and does not replace any previously approved form.</p> <p>We consider this advertisement a lead generation device about long-term care insurance. The form is a letter for an agent to refer a colleague to his/her existing client for the purpose of providing information on long-term care insurance. The advertising will be used as a lead generation device to increase the consumer's interest in inquiring more about long-term care insurance.</p> <p>We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,  Susan Byrnes Sr. Contract and Compliance Associate</p> <p>Attachment(s)</p>			

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p>			
Print Name <u>Michael Francescone</u>		Title <u>VP & Actuary</u>	
Original Signature 		Date <u>November 10, 2008</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	N/A	
This filing corresponds to rate filing company tracking number	N/A	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Agent Referral Letter Advertising	376148CV	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
14			<input type="checkbox"/> Other _____	N/A
				N/A
15			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
16			<input type="checkbox"/> Other _____	N/A
				N/A
17			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
18			<input type="checkbox"/> Other _____	N/A
				N/A
19			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
20			<input type="checkbox"/> Other _____	N/A
				N/A
21			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
22			<input type="checkbox"/> Other _____	N/A
				N/A
23			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N N/A
24			<input type="checkbox"/> Other _____	N/A /A
25			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
26			<input type="checkbox"/> Other _____	N/A
				N/A

LH-FFA-2

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			N/A	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)			N/A	
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1



ARKANSAS INSURANCE DEPARTMENT

**Mike Pickens
Commissioner**

1200 West Third Street
Little Rock, AR 77201-1904
1-501-371-2600
1-800-282-9134
Fax 1-501-371-2618

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: New York Life Insurance Company

Company NAIC Code: 66915

Company Contact Person & Telephone # Susan Byrnes, 1-800-723-5555, ext. 5584

INSURANCE DEPARTMENT USE ONLY

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and /or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * _____ x\$ 50= _____
**Retaliatory _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing per each insurer. * _____ x\$ 50= _____
**Retaliatory _____

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * _____ x\$ 20= _____
**Retaliatory _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * 1 x\$ 25=\$25.00
**Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * _____ x\$400= _____

Filing to amend Certificate of Authority. ** _____ x\$100= _____

- * THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS AOUTLINED UNDER RULE AND REGULATION 57.
- ** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-65-102, RETALIATORY TAX.
- *** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401



New York Life Insurance Company
Long-Term Care Division
6200 Bridge Point Parkway, Suite 400
Austin, Texas 78730-5006
Bus: 800--723-5555 x 5584
Fax: 512-703-5564
E-mail: sbyrnes@newyorklifeltc.com
www.newyorklifeltc.com

Susan Byrnes
Senior Contracts and Compliance Associate

November 10, 2008

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number 376148CV

Dear Mr. Shields,

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

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Sincerely,

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Sr. Contract and Compliance Associate

Attachment(s)