

SERFF Tracking Number: NYLX-125908608 State: Arkansas  
Filing Company: New York Life Insurance Company State Tracking Number: 40877  
Company Tracking Number: LTCAR0024701A01  
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/LTCAR0024701A01

## Filing at a Glance

Company: New York Life Insurance Company  
Product Name: CP Adv Natl Cons - Prod Spec SERFF Tr Num: NYLX-125908608 State: ArkansasLH  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40877  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCAR0024701A01 State Status: Filed-Closed  
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett  
Author: SPI NewYorkLifeInsCoLTC Disposition Date: 12/01/2008  
Date Submitted: 11/18/2008 Disposition Status: Filed  
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: LTCAR0024701A01 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: 12/01/2008  
State Status Changed: 12/01/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
November 14, 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

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Product Name: CP Adv Natl Cons - Prod Spec  
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0024701A01

Re: New York Life Insurance Company  
NAIC # 826-66915; FEIN # 13-5582869  
Long-Term Care Advertising Form Number 377574CV

Dear Mr. Shields,

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

We consider this advertising form an invitation to inquire to create interest in finding out more about general information on long-term care insurance. It is a ghostwritten article available to prospects, clients and businesses distributed by our agents or the Company directly.

We want to have the right to use this piece in other media as PDF 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 or association) 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  
Senior Contract Compliance Associate

Attachement(s)

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## Company and Contact

### Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance sbyrnes@newyorklifeltc.com  
 Associate  
 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:  
 (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	11/18/2008	24003466

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	12/01/2008	12/01/2008

*SERFF Tracking Number:* NYLX-125908608      *State:* Arkansas  
*Filing Company:* New York Life Insurance Company      *State Tracking Number:* 40877  
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## **Disposition**

Disposition Date: 12/01/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR CvrLtr, AR Fee SchedFrm, AR NAIC Tran		Yes
Form	Is Your Retirement Plan Protected		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	377574CV	Advertising	Is Your Retirement Plan Protected	Initial			377574CV.PDF

## **Is Your Retirement Plan Protected?**

Planning for retirement is probably a top priority for you. Do you know how much money you need to retire? Are you concerned that you may outlive your money? Are you concerned about the burden a chronic health care need could have on your family and finances? Your retirement is the dream for you and your family's future. Proper planning and protection of that dream are crucial to help make it a reality.

### **Preserve you and your family's choices**

Long-term care insurance can help protect and preserve your income and assets you have worked so hard to accumulate, and give you the ability to spend money for care. With the advances in home care services, many people needing long-term care are actually able to stay at home, with or near families, and still get the professional care they need. Long-term care insurance allows your family to be there to love you, instead of worrying about the financial, emotional and physical toll of providing care for you. Whether at home, in an adult day care center or an assisted living facility, you and your family can maintain control of your options and your lifestyle.

### **Protect your retirement plan**

As the population ages and Americans are living longer than ever before, the need for long-term care services has emerged as an important element to a comprehensive retirement plan. In [2008], nursing home cost averaged [\$76,781] a year nationally<sup>1</sup>, and these costs inflate every year. Do you have enough in your retirement to pay for the high cost of long-term care services? Without a proper long-term care plan in place, your assets and income can be significantly depleted. This could leave you and your family in a difficult financial situation. What would happen to you and your family if you have to pay out-of-pocket for your long-term care? With long-term care insurance, you will have peace of mind, knowing that you have taken control to protect your hard earned retirement assets.

### **Begin your plan now**

The sooner you begin your long-term care planning, the better. The cost of waiting can be expensive in several ways. The younger you are when you purchase long-term care insurance, the lower the premiums will cost. As you age, premiums are higher if you purchase an equivalent policy and you may qualify for a lesser class rating due to health changes. You could pay thousands more in premium over the life of the policy, just by waiting a few years to purchase. Or, you may not be able to qualify for coverage at all. The worst part about waiting is that you may not have coverage in place when you need it most.

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<sup>1</sup> New York Life Insurance Company. Survey of Nursing Home Costs. [2008].

With long life comes long-term planning. Make a plan for you and your family today. For more information on long-term care insurance, please contact [Agent Name,] Agent, New York Life Insurance Company at [Agent Phone Number].

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 CvrLtr, AR Fee SchedFrm, AR  
NAIC Tran

11/18/2008

### Comments:

### Attachments:

AR Fee SchedFrm.PDF  
AR NAIC Tran.PDF  
AR CvrLtr.PDF



**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= \_\_\_\_\_

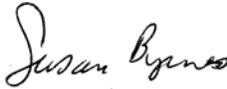
Filing to amend Certificate of Authority. \*\* \_\_\_\_\_ x\$100= \_\_\_\_\_

- \* 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

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas					
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						
N/A							
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>			
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584	512-703-5575	<a href="mailto:sbyrnes@newyorklifeltc.com">sbyrnes@newyorklifeltc.com</a>			
<b>5.</b>	<b>Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input checked="" type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
<b>6.</b>	<b>Company Tracking Number</b>	370282CV					
<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____					
<b>8.</b>	<b>Market</b>	<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: _____					
<b>9.</b>	<b>Type of Insurance</b>	LTC 03I Individual Long-Term Care					
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<u>LTC03L001 Qualified</u>					
<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <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  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____ <b>SUPPORTING DOCUMENTATION</b> <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 _____					

<b>12.</b>	<b>Filing Submission Date</b>	November 14, 2008	
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount	\$25.00
		Retaliatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Check Date	EFT
		Check Number	
<b>14.</b>	<b>Date of Domiciliary Approval</b>	N/A	

<b>15.</b>	<b>Filing Description:</b>
	<p>Dear Mr. Shields,</p> <p>The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.</p> <p>We consider this advertising form an invitation to inquire to create interest in finding out more about general information on long-term care insurance. It is a ghostwritten article available to prospects, clients and businesses distributed by our agents or the Company directly.</p> <p>We want to have the right to use this piece in other media as PDF 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 or association) 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,</p> <p></p> <p>Susan Byrnes Senior Contract Compliance Associate</p> <p>Attachment(s)</p>

<b>16.</b>	<b>Certification (If required)</b>
<p><b>I HEREBY CERTIFY</b> 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> <p>Print Name <u>Michael Francescone</u> Title <u>VP &amp; Actuary</u></p> <p>Original Signature  Date <u>November 14, 2008</u></p>	

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Ghostwritten Article Advertising	377574CV	<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 _____	
17			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
18			<input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
20			<input type="checkbox"/> Other _____	
21			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
22			<input type="checkbox"/> Other _____	
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 _____	
			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	

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 Description	Affected Form Numbers		Previous State Filing Number
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



**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](mailto:sbyrnes@newyorklifeltc.com)

[www.newyorklifeltc.com](http://www.newyorklifeltc.com)

**Susan Byrnes**

Senior Contracts and Compliance Associate

November 14, 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

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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  
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