

SERFF Tracking Number: LFCR-125302784 State: Arkansas  
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 36977  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: PA174 et al  
Project Name/Number: Advertising Filing: PA174 et al/

## Filing at a Glance

Company: Berkshire Life Insurance Company of America

Product Name: PA174 et al SERFF Tr Num: LFCR-125302784 State: ArkansasLH  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 36977  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: State Status: Closed  
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett, Harris Shearer  
Author: Smith Darlene Disposition Date: 05/14/2008  
Date Submitted: 09/25/2007 Disposition Status: Filed-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Advertising Filing: PA174 et al Status of Filing in Domicile:  
Project Number: 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: 05/14/2008  
State Status Changed: 05/14/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Please see cover letter.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - LCA01)

Michael Lewis, Compliance Analyst 2 michael.lewis@lifecareassurance.com

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P.O. Box 4243 (818) 867-2380 [Phone]  
Woodland Hills, CA 91365-4243 (818) 867-2508[FAX]

**Filing Company Information**

Berkshire Life Insurance Company of America CoCode: 71714 State of Domicile: Massachusetts  
Long Term Care Administrative Office Group Code: 429 Company Type:  
P.O. Box 4243  
Woodland Hills, CA 91365-4243 Group Name: State ID Number:  
(818) 867-2450 ext. [Phone] FEIN Number: 75-1277524  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$200.00  
Retaliatory? No  
Fee Explanation: \$25.00 x 8 forms = \$200.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkshire Life Insurance Company of America	\$0.00	09/25/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0149999	\$200.00	09/24/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	05/14/2008	05/14/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
NAIC Transmittal	Supporting Document	Smith Darlene	09/26/2007	09/26/2007
NAIC Transmittal	Supporting Document	Smith Darlene	09/26/2007	09/26/2007

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## **Disposition**

Disposition Date: 05/14/2008

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	Cover Letter		Yes
Supporting Document (revised)	NAIC Transmittal		Yes
Supporting Document	NAIC Transmittal		Yes
Supporting Document	NAIC Transmittal		Yes
Form	Family Pre-approach Letter 1		Yes
Form	Family Pre-approach Letter 2		Yes
Form	LTC Seminar Ad		Yes
Form	LTC Seminar Follow-up Script 1		Yes
Form	LTC Seminar Follow-up Script 2		Yes
Form	LTC Seminar Follow-up Script 3		Yes
Form	LTC Seminar Follow-up Script 4		Yes
Form	LTC Seminar PowerPoint		Yes

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**Amendment Letter**

Amendment Date:

Submitted Date: 09/26/2007

**Comments:**

Replacing transmittal with corrected version.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: NAIC Transmittal**

Comment:

Transmittal - Arkansas.pdf

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**Amendment Letter**

Amendment Date:

Submitted Date: 09/26/2007

**Comments:**

Replacing Transmittal with updated version.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: NAIC Transmittal**

Comment:

Transmittal - Arkansas.pdf

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## Form Schedule

**Lead Form Number:** PA174-8-2007

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PA174-8-2007	Advertising	Family Pre-approach Letter 1	Initial		0	PA174 8-28-07.pdf
	PA175-8-2007	Advertising	Family Pre-approach Letter 2	Initial		0	PA175 8-28-07.pdf
	7320-01-07	Advertising	LTC Seminar Ad	Initial		0	7320 LTC Seminar Ad 8-28-07.pdf
	8912-01-07	Advertising	LTC Seminar Follow-up Script 1	Initial		0	8912 LTC Follow Up Script 1 8-28-07.pdf
	8913-01-07	Advertising	LTC Seminar Follow-up Script 2	Initial		0	8913 LTC Follow Up Script 2 8-28-07.pdf
	8914-01-07	Advertising	LTC Seminar Follow-up Script 3	Initial		0	8914 LTC Follow Up Script 3.pdf
	8915-01-07	Advertising	LTC Seminar Follow-up Script 4	Initial		0	8915 LTC Follow Up Script 4 8-28-07.pdf
	8536-4-07	Advertising	LTC Seminar PowerPoint	Initial		0	8536 - PowerPoint 9-4-07.pdf

<Date>

<Name>

<Address>

<City State Zip>

Dear <Family Member>:

Odds are, at some point in your life, either you or someone you love—a parent, your spouse, your spouse’s parent—will need assistance with daily activities such as getting dressed, bathing, eating or moving from place to place. Whether it’s delivered at home or in a dedicated facility, long term care may represent the greatest out-of-pocket expense faced by many older Americans, but it doesn’t affect just our elders.

Even working-age adults may need long term care due to accident or illness. Or, they may find themselves in the position of having to subsidize their parents’ care—or even provide it themselves. The point is, no matter how the specifics of the situation may vary, one thing never changes:

**The need for long term care does not just impact  
an individual. It affects the entire family.**

Unfortunately, most families don’t plan for long term care until it’s too late. And, since it’s the only major health expense that private health insurance, Medicare, Medicare supplements and HMOs won’t cover, the results of neglecting to plan can be devastating—both to your assets and to your dignity.

<At [Agency Name], we’ve seen it happen to our clients and to our friends.> <I’ve seen it happen to my clients and to my friends.> So, <we/I> would like to invite you to a special workshop “Planning for Long Term Care,” presented by **Berkshire Life Insurance Company**. In this workshop, we’ll explore the questions that many people are asking today about whether long term care insurance is right for them, how the need to fund long term care can impact retirement savings, and the ways a good long term care plan may provide peace of mind and minimize the impact on the family.

I urge you to attend in order to learn more about this widely misunderstood topic. **The seminar is scheduled for <date> and will be held at <location> from <start time> to <end time>.** There is no cost to attend, but seating is limited, so call [phone number] as soon as possible to reserve a seat.

Sincerely,

<Name>

Long Term Care Insurance is underwritten by and the financial responsibility of **BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**, Pittsfield, MA, a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY. Coverage provided by Policy Forms BG01P (06/04) et. al. (In ID, BG01P (06/04)-ID, in NC, BG01P (06/04)-NC, in PA, BG01P (06/04)-PA, and in TX, BG01P (06/04)-TX. Long Term Care Insurance coverage is the financial responsibility of Berkshire Life Insurance Company of America. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact your licensed insurance representative. *The purpose of this material is the solicitation of insurance.* An agent/representative may contact you.

<Date>

<Name>

<Address>

<City State Zip>

*“I have hopes and dreams for my family that go well beyond my lifetime. I want my spouse to be taken care of and not have to worry, my children to feel secure, and my grandchildren to achieve their goals. Because my long term care needs could affect all of us – financially, physically, emotionally – I want a plan that can help meet all of our needs.”*

Dear <Family Member>:

At <Agency Name>, we’ve successfully helped our clients enjoy increased access, flexibility, and control over their wealth throughout their lifetime. But more and more, we’re recognizing that most families don’t plan for long term care until it’s too late. And, since it’s the only major health expense that private health insurance, Medicare, Medicare supplements and HMOs won’t cover, the results of neglecting to plan can be devastating—both to your assets and to your dignity.

I’ve seen it happen in my own family and to my friends. I’m sponsoring an informative session that addresses the changing dynamics of planning for a successful retirement when we live a long life. We’ll explore the questions that many people are asking today about whether long term care insurance is right for them, how the need to fund long term care can impact retirement savings, and the ways a good long term care plan may provide peace of mind and minimize the impact on the family. Specifically, we’ll look into long term care insurance from **Berkshire Life Insurance Company**.

I urge you to attend in order to learn more about this widely misunderstood topic. **The seminar is scheduled for <date> and will be held at <location> from <start time> to <end time>.** <We’ll be serving {light refreshments} {lunch/dinner} {dessert} {before/after} as well.> There is no cost to attend, but seating is limited, so call <phone number> as soon as possible to reserve a seat.

Sincerely,

<Name>

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# Now is the **right time** to think long term.

*Today, an important part of planning for the future includes preparing for the possibility that you, your spouse or a parent may require long term care.*

Long term care needs can affect you in a variety of ways. If your parent or spouse someday needs long term care, your family may face the possibility of spending a great deal of time or money providing it. And if you someday require care, you want to make sure money is available to allow you and your family to enjoy the best quality of life possible.

Please join us for an informative discussion on the consequences of living a longer life [and enjoy a complimentary [hors d'oeuvres reception] {lunch} {dinner}].

[Call us today to reserve a seat {Response Phone Number}.]

**Presented to you by:**

[Producer's Name] of [Guardian/Company Name]  
[Featured Speaker: Featured Speaker Name and Title]  
[Day, Month Date, Year] • [Time]  
[Location Name]  
[Street Address]  
[City/Town, State, Zip Code]

**A licensed agent/representative may contact you.**



**GUARDIAN®**

*Long Term Care Insurance is underwritten by*

**BERKSHIRE LIFE**  
**INSURANCE COMPANY OF AMERICA**

The Guardian Life Insurance Company of America | Berkshire Life Insurance Company of America  
7 Hanover Square, New York, NY 10004 | 700 South Street, Pittsfield, MA 01201

Long term care insurance provided by Policy Series BG01P(06/04) et. al. (In ID, BG01P(06/04)-ID, in NC, BG01P(06/04)-NC, in PA, BG01P(06/04)-PA, and in TX, BG01P(06/04)-TX), underwritten by and the financial responsibility of Berkshire Life Insurance Company of America, Pittsfield, MA, a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY.

7320-01-07

# LTCI Seminar Follow-up phone script

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## After RSVP

Even if someone sends an RSVP or calls to register for a seminar, it is important to contact them two business days before the meeting date, as a reminder. For some people, an RSVP reply doesn't mean: "You can absolutely count on me to be there." It means, "I'll try to remember to be there, unless something else comes up." Therefore, the goals of your follow up call include:

- Remind prospective attendee of the meeting time, date and place
- Offer information, such as directions or where to park
- Strengthen commitment to attend
- Uncover reluctance to attend and address it with benefits. Be careful here not to sell too hard, though. Under no circumstances should you get into any product details on the reminder call.

The goal of the reminder call is not to sell. Remember, this is an informational seminar around planning. It is not a seminar to sell long term care insurance or any other product. Sometimes it is a good idea to have an assistant make the calls. That way, if the prospect asks product-related questions or specific questions about the seminar, the response can be "Today, I am calling to confirm your attendance; the licensed representative who conducts the seminar will be happy to answer your specific questions."

*The basic script should include some of the following:*

Hello Mr./ Mrs. \_\_\_\_\_. This is [Name] from [Company Name]. I'm calling to follow up on your RSVP to attend our long term care planning seminar. We are looking forward to seeing you \_\_\_\_\_ at \_\_\_\_\_.

Are you familiar with the location? I can fax you a map and driving instructions.

We have only invited a few select individuals, and we do have a waiting list. If anything should prevent you from attending, please give me a call at this number \_\_\_\_\_.  
Thanks, see you then.



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# Post-LTCI Seminar Follow-up phone script

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## Thank You for Attending

Hello Mr./Mrs.\_\_\_\_\_. This is [Name] from [Company Name]. I am calling to thank you for taking the time to attend our long term care seminar on/last\_\_\_\_\_. I hope you found it informative.

We talked about a lot of options, but it is impossible to know which option is best for you without knowing a little bit more about your personal objectives. And as we also discussed the most important step anyone can take is to develop a plan.

*(Listen)*

Of course, as we discussed in the meeting, there are some health qualifications for this type of coverage. Are you/your spouse in generally good health? Are you taking any medications on a regular basis? Have you had any recent hospitalizations or do you have any pending surgeries?

It sounds to me like it might make sense for us to take the next step and look at personalized options for you. Are mornings or afternoons better for you (are afternoons or evenings better for you, etc.)?

*Set the appointment, and confirm the address. Get driving directions if possible, even if you know how to get there. This helps solidify the appointment.*



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# Post-LTCI Seminar Follow-up phone script

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## Sorry You Missed It

Hello Mr./Mrs.\_\_\_\_\_. This is [Name] from [Company Name], I'm sorry you were unable to make our seminar on/last \_\_\_\_\_.

At the seminar, we talked about what long term care is, and what some of the funding options are. Of course, it is impossible to know which option is best for you without knowing a little bit more and about your personal objectives.

Long term care insurance is one option, it usually fits best for people who are homeowners and have assets to protect. Long term care can be very expensive to self fund, but the more you have at risk, the more this type of protection might make sense. Most of my clients who look into this protection tell me they could afford to pay for long term care on their own if they needed to, but they'd rather transfer the risk if they could. Would you say you fall into that general category?

*(if yes):*

Now I understand why you would want to protect yourselves.

Is there a particular event that happened in your life that caused you to want to know more about the planning options for long term care?

*(Listen)*

Of course, there are some health qualifications for this type of coverage. Are you/your spouse in generally good health? Do you take any medications on a regular basis? Have you had any recent hospitalizations or do you have any pending surgeries?

It sounds to me like it might make sense for us to take a look at the options for you. Are mornings or afternoons better for you (are afternoons or evenings better for you, etc.)?

*Set the appointment, and confirm the address. Get driving directions if possible, even if you know how to get there. This helps solidify the appointment.*



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# LTCI Seminar Follow-up phone script

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## Seminar Invitation

The follow-up call is an important part of selling the seminar. This is your chance to talk about the benefits of attending.

“Mr. Jones, this is [Name] from [Company Name]. I’m calling about the invitation that I sent to you for a seminar on long term care and families. I’d like to personally invite you to attend. Will you be able to make it or can I tell you a little more about it?”

*If they don’t remember receiving, or need more info...*

“More and more, we’re recognizing that when a loved one needs long term care, it impacts the entire family. So, on [date], we’re holding a special educational seminar to familiarize people with the topic so they can make informed decisions. I hope you and Mrs. Jones can come.”

*Whether or not they’re ready to say ‘yes’, this is a good time to get more information.*

“May I ask....”

- “Do you own long term care insurance (LTCI) now?”
  - If no, great. Don’t push LTCI, the point is to have them attend the seminar.
  - If yes, they may not be a great prospect. Ask them how they feel about it. If they feel good, perhaps they’d like to recommend a family member or friend they care about.
- “Have you ever tried to get LTCI and been declined?”
  - If they’ve been declined, they are not generally eligible for coverage and they’re not a very good prospect for LTCI. However, maybe they have a friend or family member whom they think would benefit from understanding the issues as they do.
- “Have you had any personal experience with a loved one who needed long term care?”
  - If yes, “that’s why we’re holding this event. So many of our friends and family have faced this issue and felt they could have been better prepared. I am only inviting a few select guests, so I’m hoping you can attend.”
  - If no, “LTC impacts the entire family. If you haven’t experienced already you’ll really benefit from hearing about the issue. I am only inviting a few select guests so I’m hoping you can attend.”

*And this is also a chance to get referrals for more prospects.*

“A long term care situation can have a tremendous impact on our families. Would you be interested in having your parents/children (depending on clients age) attend? Do you have any close friends who may be facing these issues and would interested in attending with you?” *Be sure to get all the guests’ contact information.*

*Keep your enthusiasm and energy levels up. Your seminar is special – it’s better than any other event in the area.*



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# Planning for Long Term Care:

*Help Protect the Quality of Life  
for You and the People You Love*

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## ***Agenda***

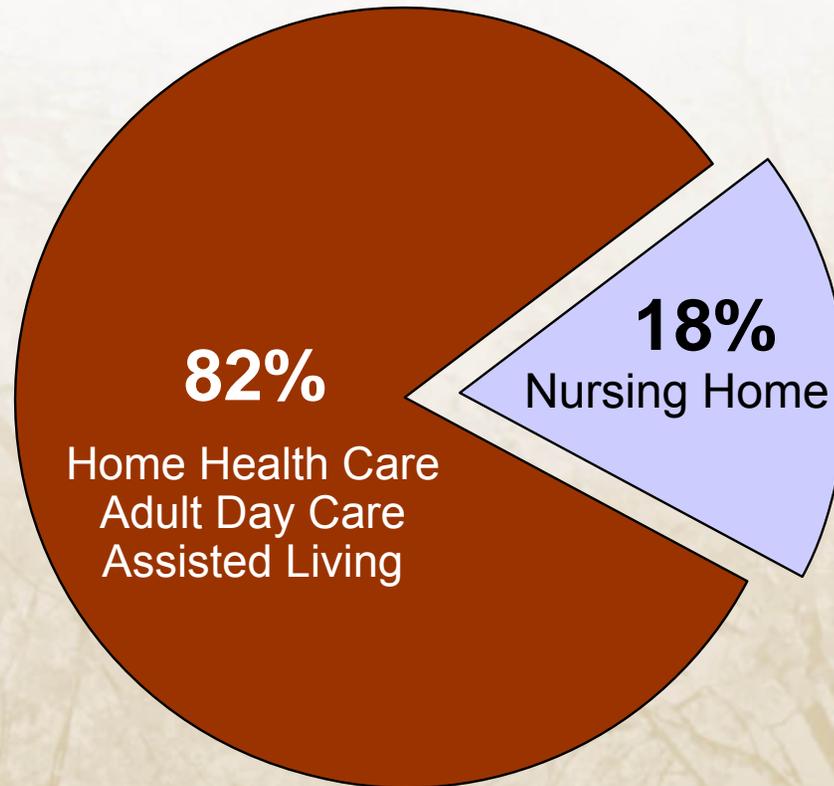
- ◆ Understanding Long Term Care (LTC)
- ◆ Why plan for Long Term Care
- ◆ The effects on your family
- ◆ Cost and Funding Options
- ◆ Next steps

## ***What is Long Term Care?***

- ◆ Custodial or maintenance care
  - Assistance with activities of daily living (ADLs)
- ◆ Wide range of services for those with...
  - Chronic illness
  - Permanent disability
  - Cognitive impairment



## *Where is Care Provided?*



Source: The Wide Circle of Caregiving. Kaiser Family Foundation. et al, June, 2002



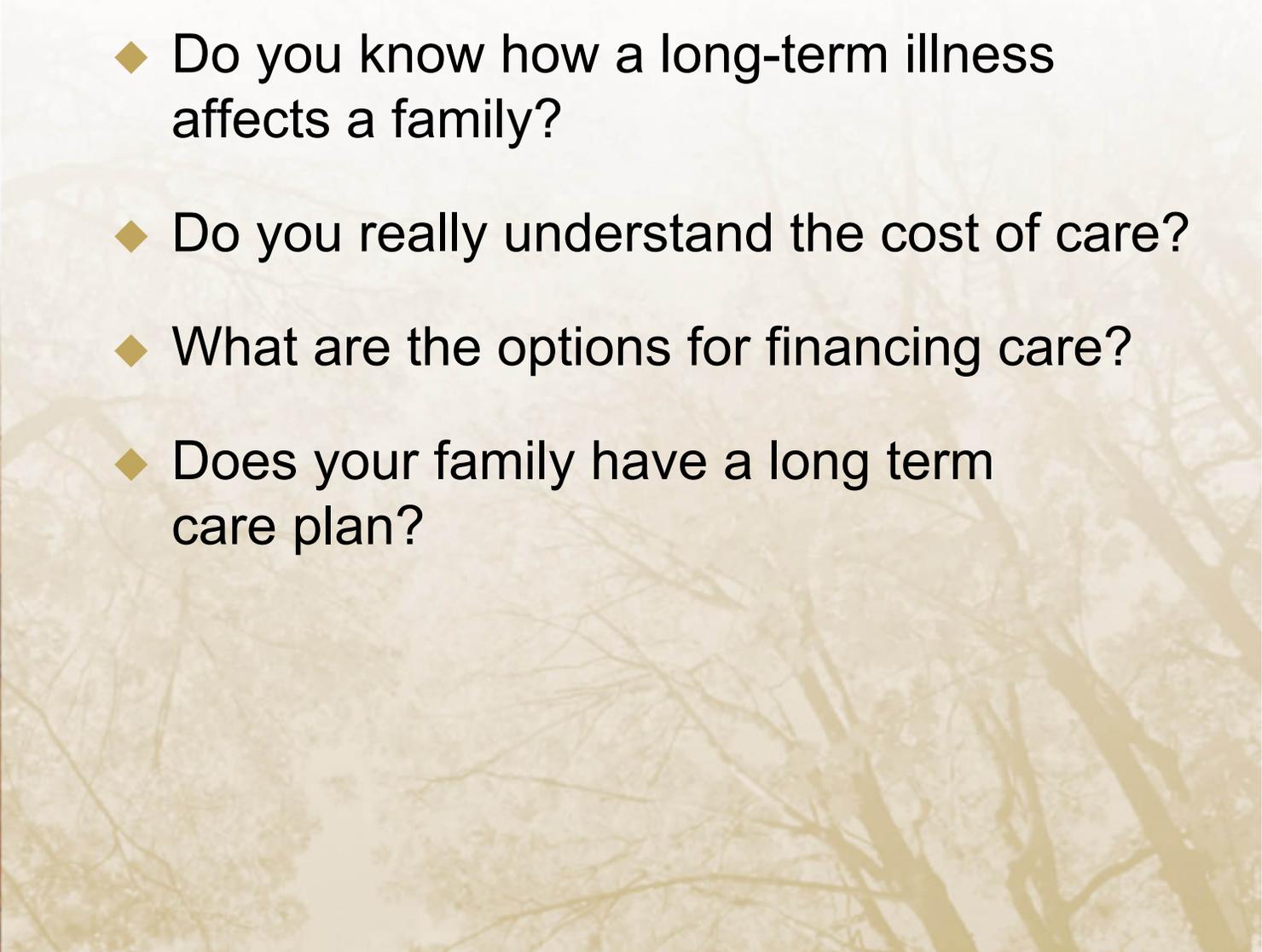
## ***Why is it important to discuss Long Term Care Planning?***

- ◆ We are living longer... this increases our chances of someday needing care.
- ◆ Medicare and Health Insurance do not pay for Long Term Care
- ◆ Medicaid doesn't pay until most of our savings are gone.
- ◆ Families will provide care, but at what cost?
- ◆ Cost of LTC presents an unlimited liability. Failure to address this risk could derail your best plans



## ***Questions to Consider***

- ◆ Do you know how a long-term illness affects a family?
- ◆ Do you really understand the cost of care?
- ◆ What are the options for financing care?
- ◆ Does your family have a long term care plan?





***Long term care is not only  
about you.***

***It's about your family.***



## ***Long Term Care is a Family Issue***

- ◆ Caregiving: difficult decisions & economic consequences
- ◆ Geographically dispersed families
- ◆ Smaller families
- ◆ Baby Boomers: The “sandwich” generation
- ◆ Two income families (the caregiver works)
- ◆ Divorce and/or single parent families

# *Long Term Care And The Family*

## **Emotional Impact**

- Burden of care
- Depression
- Family conflicts

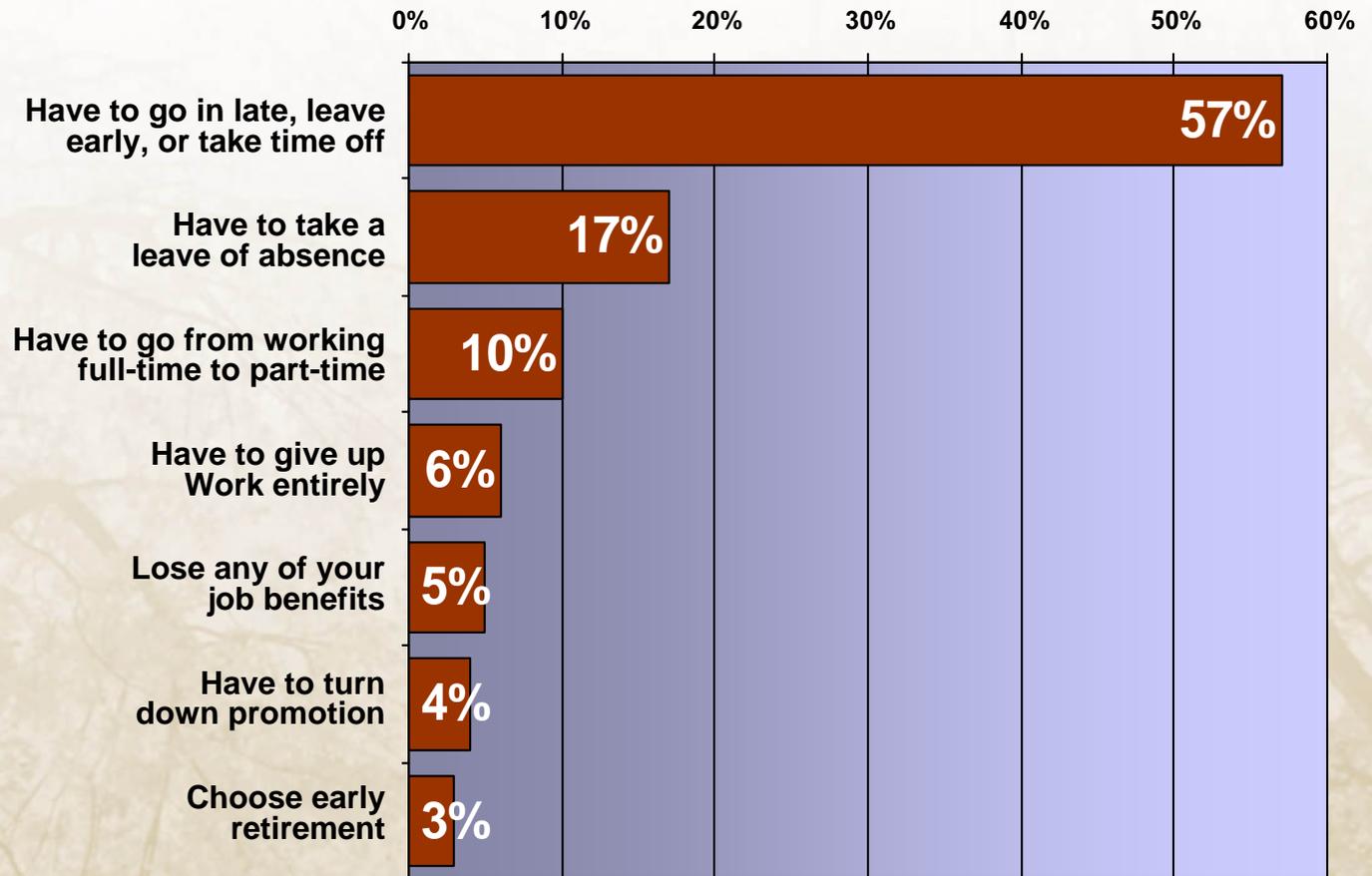
## **Financial Impact**

- Income
- Savings/Retirement
- Estate





# Formal Adjustments to Work Schedule Due to Caregiving

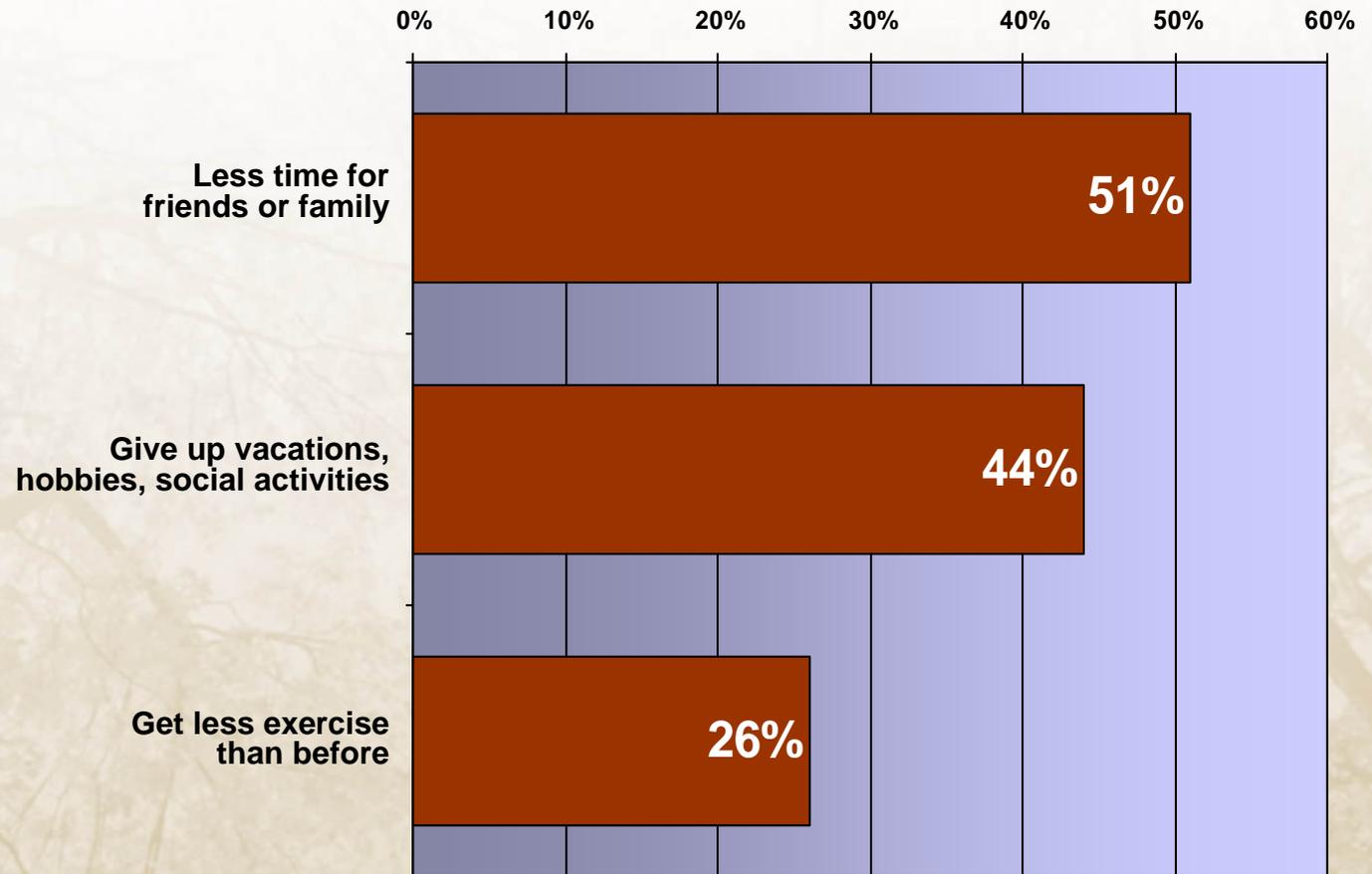


Source: Caregiving in the U.S., National Alliance for Caregiving and AARP, 2004

## ***Alzheimers and Caregiving***

- ◆ Every 72 seconds, someone in America develops Alzheimers Disease; by mid-century, it will be every 33 seconds
- ◆ Nearly half of persons over age 85 have Alzheimers
- ◆ Nearly 1 in 4 caregivers of people with Alzheimers Disease and other forms of dementia (AD/D) provide 40+ hours per week of care. 1/3 do so for 5 years or more.
- ◆ 2/3 of working caregivers of people with AD/D report that they missed work because of caregiving

# Impact of Caregiving on Family and Leisure Activities



Source: Caregiving in the U.S., National Alliance for Caregiving and AARP, 2004



## ***Annual Average Cost of Care\****

- ◆ Home care - \$24,700
  - Based on hourly rate of \$19.00 at 5 hrs/visit and 5 visits/wk
  
- ◆ Nursing home - \$75,190
  - Based on private room rate of \$206.00/day

*\* Metlife Mature Market Institute Market Survey of Nursing Home and Home Care Costs, September 2006*

# The Cost of Care

- ◆ Annual Nursing Home Costs increasing faster than overall inflation.

Rate of Inflation	2006	2016	2026	2036
	<b>\$75,190</b>			
4%		\$111,300	\$164,751	\$243,871
5%		\$122,477	\$199,501	\$324,967
6%		\$134,654	\$241,145	\$431,853

Source: Health Spending Projections Through 2013, Office of the Actuary, Centers for Medicare and Medicaid Services, February 2004

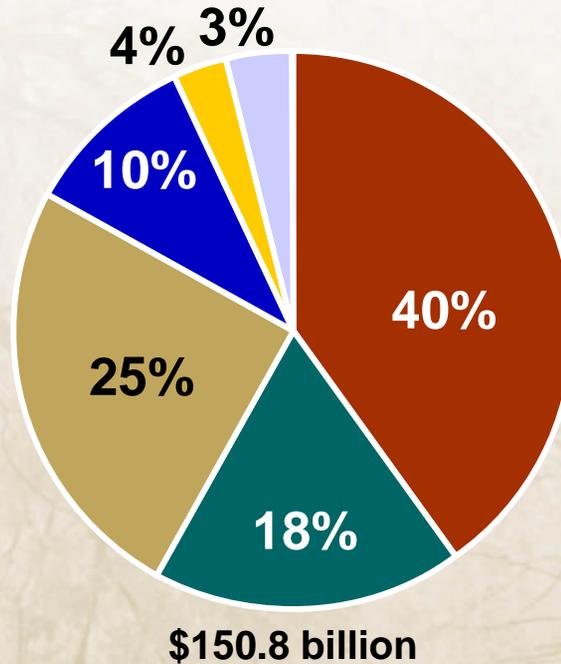


## ***Who Pays For Long Term Care?***

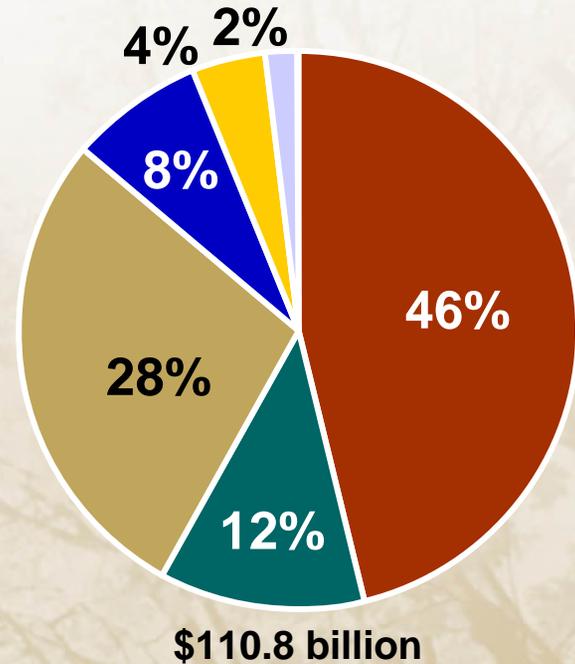
- ◆ Private Health Insurance
- ◆ Medicare
- ◆ Medicaid
- ◆ You or your family

# A Closer Look at Medicare and Medicaid

## Total Long-Term Care Expenditures



## Nursing Home Expenditures



■ Medicaid   
 ■ Medicare   
 ■ Out of Pocket   
 ■ Private Insurance  
■ Other Private   
 ■ Other Public

Source: CMS, National health Accounts, 2005



## ***What do Medicare and Private Health Insurance pay?***

- ◆ Medicare only pays for “skilled” care
  - designed to get you better
  - most long term care is non-skilled care
  
- ◆ Examples of non-skilled care:
  - oxygen therapy or respiratory therapy for emphysema patients
  - catheter maintenance
  - help with bathing, dressing or other ADLs

Source: Long Term Care: Your Financial Planning Guide, Phyllis Shelton, 2003

## ***What about Medicaid?***

- ◆ Medicaid pays for what you probably do not want: nursing home care
- ◆ Medicaid is welfare: stringent income and asset requirements to qualify
- ◆ **Limits your choices**



## ***Medicaid Qualification***

- ◆ Generally below \$2,500 in assets
- ◆ Spousal monthly income allowance \$1603
- ◆ Look Back Period
  - 5 years
- ◆ Unlimited penalty period

\* Refer to your state's Medicaid rules

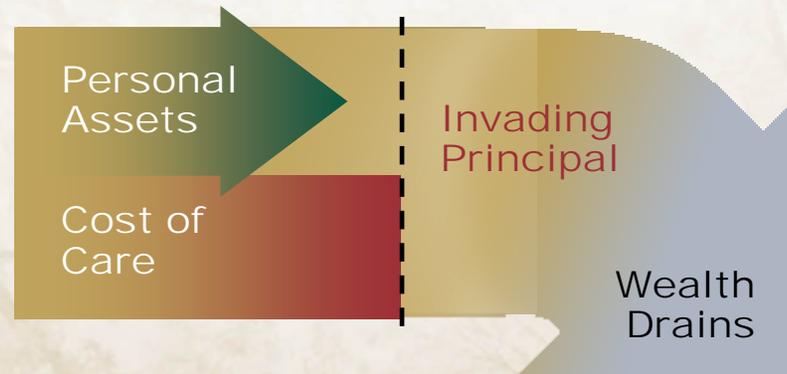


## ***Is Medicaid “Planning” the Solution?***

- ◆ Converts countable assets into inaccessible assets by giving them away or placing them in trust.
- ◆ It's a guessing game
  - impossible to judge the correct timing
  - who do you plan for?
- ◆ If not done right, assets are still subject to mandated estate recovery upon death

# *The Risk of Self Funding*

Goals





## ***How Long Would \$1,000,000 Last?***

Year	Savings	With 5% Yield	Living Expenses	Cost of Care (5%)	Balance
1	1,000,000	50,000	75,000	75,190	899,810
2	899,810	44,991	75,000	78,950	790,851
3	801,021	40,051	75,000	82,897	683,175
4	687,627	34,381	75,000	87,042	559,966
5	564,013	28,200	75,000	91,394	425,819
6	429,404	21,470	75,000	95,964	279,910
7	282,972	14,149	75,000	100,762	121,359
8	123,831	6,192	75,000	105,800	<b>-50,777</b>
9	48,968	2,448	75,000	111,090	<b>-134,674</b>

For illustrative purposes only.



# *Long Term Care Insurance Helps Restore the Balance*

A vintage-style balance scale with a wooden base and metal pans. The scale is perfectly balanced. The word 'EMOTIONS' is written in blue, 3D block letters on the left pan, and 'FINANCES' is written in green, 3D block letters on the right pan. The background is a soft-focus image of trees and a clock face on the left side.

**EMOTIONS FINANCES**



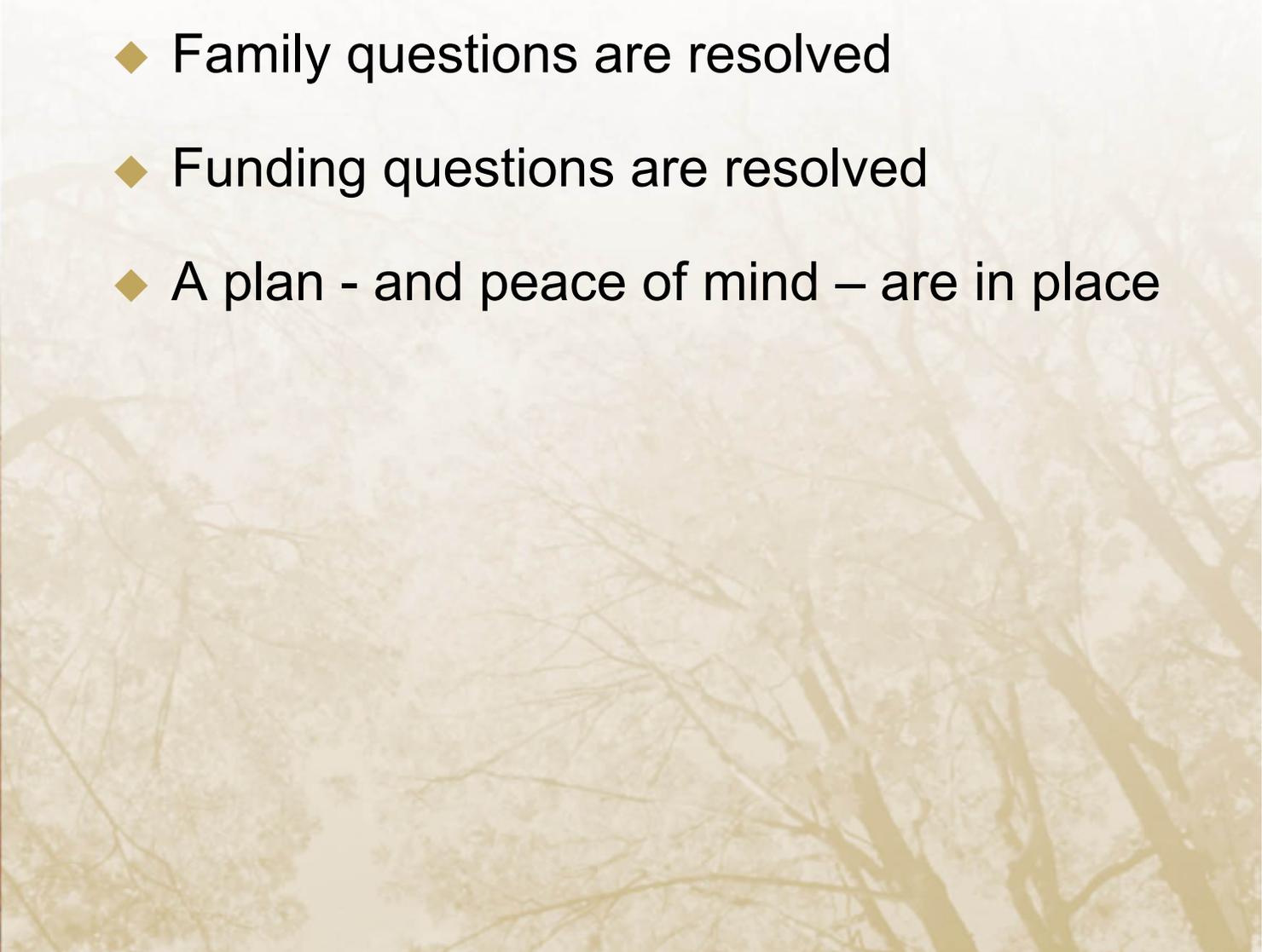
## ***Planning is a Necessity***

- ◆ Where will you receive care?
- ◆ Who will provide your care?
- ◆ How much care can you afford?
- ◆ Do you want to pay for care with Principal, or with Interest?



## ***Long Term Care Planning is an Integral Part of Your Plan***

- ◆ Family questions are resolved
- ◆ Funding questions are resolved
- ◆ A plan - and peace of mind – are in place





## ***Next Steps***

- ◆ Realize that today is just the start.
- ◆ Plan protects your lifestyle, your choices and your legacy.
- ◆ A licensed professional can help you determine the right plan.
- ◆ Tell your family about the plan.



# Planning for Long Term Care:

*Protect the Quality of Life for You  
and the People You Love*



SERFF Tracking Number: LFCR-125302784 State: Arkansas  
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 36977  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: PA174 et al  
Project Name/Number: Advertising Filing: PA174 et al/

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LFCR-125302784 State: Arkansas  
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 36977  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: PA174 et al  
Project Name/Number: Advertising Filing: PA174 et al/

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Cover Letter

09/25/2007

**Comments:**

**Attachment:**

AR DOI Cover 9-6-07.doc

### Review Status:

**Satisfied -Name:** NAIC Transmittal

09/26/2007

**Comments:**

**Attachment:**

Transmittal - Arkansas.pdf

*SERFF Tracking Number:*      *LFCR-125302784*                      *State:*                      *Arkansas*  
*Filing Company:*              *Berkshire Life Insurance Company of America*      *State Tracking Number:*      *36977*  
*Company Tracking Number:*  
*TOI:*                      *LTC03I Individual Long Term Care*                      *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *PA174 et al*  
*Project Name/Number:*      *Advertising Filing: PA174 et al/*

**Attachment "AR DOI Cover 9-6-07.doc" is not a PDF document and cannot be reproduced here.**

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

<b>1.</b>	<b>Prepared for the State of</b>	
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

<b>5.</b>	<b>Requested Filing Mode</b>	<input 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): _____
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<b>6.</b>	<b>Company Tracking Number</b>	
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<b>7.</b>	<input type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<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>	
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	
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<b>11.</b>	<b>Submitted Documents</b>	<p><input type="checkbox"/> <b>FORMS</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p><b>Rates</b></p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<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 type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
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<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____										
		<p><b>SUPPORTING DOCUMENTATION</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<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 _____	
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<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>		
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
<b>14.</b>	<b>Date of Domiciliary Approval</b>		
<b>15.</b>	<b>Filing Description:</b>		

<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 the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p>			
Print Name _____		Title _____	
Signature _____ 		Date: _____	

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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 _____	
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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 _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
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 _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
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SERFF Tracking Number: *LFCR-125302784* State: *Arkansas*  
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 Company Tracking Number:  
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 Product Name: *PA174 et al*  
 Project Name/Number: *Advertising Filing: PA174 et al/*

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	NAIC Transmittal	09/26/2007	Transmittal - Arkansas.pdf
No original date	Supporting Document	NAIC Transmittal	09/25/2007	Transmittal - Arkansas.pdf

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

<b>1.</b>	<b>Prepared for the State of</b>	
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

<b>5.</b>	<b>Requested Filing Mode</b>	<input 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): _____
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<b>6.</b>	<b>Company Tracking Number</b>	
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<b>7.</b>	<input type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		<b>Group</b>	<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>	
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	
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<b>11.</b>	<b>Submitted Documents</b>	<p><input type="checkbox"/> <b>FORMS</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p><b>Rates</b></p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<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 type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
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<b>12.</b>	<b>Filing Submission Date</b>		
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
<b>14.</b>	<b>Date of Domiciliary Approval</b>		
<b>15.</b>	<b>Filing Description:</b>		

<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 the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p>			
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Signature _____ 		Date: _____	

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02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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18.		Rate Filing Attachment		
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This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
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	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
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**Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)**

<b>1.</b>	<b>Prepared for the State of</b>	
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

<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>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>

<b>5.</b>	<b>Requested Filing Mode</b>	<input 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) : _____
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<b>7.</b>	<input type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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<b>8.</b>	<b>Market</b>	<input 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    Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance</b>	
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	
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<b>17.</b>	<b>Form Filing Attachment</b>
<b>This filing transmittal is part of company tracking number</b>	
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	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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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 _____	

18. Rate Filing Attachment				
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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 _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% Other _____	
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