

SERFF Tracking Number: LFCR-125398946 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 37701
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CRN200912-094914
Project Name/Number: /

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: CRN200912-094914

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: LFCR-125398946 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

State Tr Num: 37701

State Status: Filed-Closed

Reviewer(s): Marie Bennett, Harris Shearer

Author: Smith Darlene

Date Submitted: 12/21/2007

Disposition Date: 06/17/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/17/2008

State Status Changed: 06/17/2008

Corresponding Filing Tracking Number:

Filing Description:

institutional long term care filing

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts
Long Term Care Administrative Office Group Code: 435 Company Type:
P.O. Box 4243
Woodland Hills, CA 91365-4243 Group Name: State ID Number:
(818) 867-2450 ext. [Phone] FEIN Number: 04-1590850

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25 / form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$0.00	12/21/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0150802	\$25.00	12/20/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	06/17/2008	06/17/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Pending Fees	Note To Reviewer	Smith Darlene	04/11/2008	04/11/2008

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Disposition

Disposition Date: 06/17/2008

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	cover letter 12/21/07		Yes
Supporting Document	transmittal		Yes
Form	Institutional Partnership By-line		Yes

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Note To Reviewer

Created By:

Smith Darlene on 04/11/2008 06:46 PM

Subject:

Pending Fees

Comments:

Our records show that check #0150802 cleared our bank on 1/23/2008. Please let us know if we can be of further information.

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Form Schedule

Lead Form Number: CRN200912-094914

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CRN200912-094914	Advertising	Institutional Partnership By-line	Initial		0	crn200912-024914 submitted 12-21-07.pdf

LTCi Partnership Programs: Opening Doors to Untapped Markets

Kenneth Schulman, CLTC, is an LTC Specialist and offers insurance in Florida through Massachusetts Mutual Life Insurance Company's South Florida general agency in Ft. Lauderdale, DBS Financial Group. His experience and industry involvement have been an asset in his ability to help clients understand the complicated and potentially overwhelming issues surrounding long term care. To extend the reach of this important and often misunderstood product, Ken also educates financial planners, life insurance agents, CPAs and attorneys on the role long-term care insurance can play in a financial plan. Ken is a member of the planned giving advisory council for the Southeast Florida Alzheimer's Association.

The emergence of new Long-Term Care Insurance (LTCi) partnership programs in an increasing number of states presents a significant opportunity for producers – particularly less experienced agents – to help an underserved but potentially attractive market with one of the biggest issues facing consumers today: asset preservation in retirement.

Although LTCi partnership programs are not new, their availability has been limited to only four states until recently. Now, due to passage of the federal Deficit Reduction Act (DRA) and additional guidance provided by federal authorities, more states are introducing them.

LTCi partnerships are attractive to consumers because such programs enable policyholders to preserve a specified amount of assets equal to the insurance benefit payments made under a LTC Partnership policy and still qualify for Medicaid (called “asset disregard”), assuming they meet other Medicaid eligibility criteria (which varies by State). Subject to state-specific requirements, however, policyholders may need to exhaust policy benefits prior to applying for Medicaid. In practical terms, clients can use the partnership program to obtain long-term care, and in doing so can avoid having to completely deplete their assets before transitioning to Medicaid for long-term care.

Moreover, the DRA intends, although does not require, that each of the new state partnership programs have reciprocal agreements with the other new state partnership programs. This means that a client who purchases a policy in one state that has a partnership program can receive the same asset disregard if he or she uses that policy in another state when a reciprocal agreement is in place. That has not been the case with the original four states. In short, the programs put LTCi within reach of middle-class people who, typically, would not be able to afford such protection.

But, you say, the people who are the best candidates for LTCi partnership programs are not necessarily the best prospects for producers. On this point, you'd be mistaken on two fronts:

- First, although the programs were intended to help lower- and middle-income consumers, experience so far suggests that many consumers who take advantage of them have a good number of assets. In California, Connecticut and Indiana – three of the original four states to adopt such programs – the majority of purchasers had assets in excess of \$350,000. This perhaps is indicative of the fact that the prospects who make the best candidates for LTCi state partnership programs tend to be conservative savers, people who are interested in protecting the assets they have worked so hard to build.
- Second, LTCi state partnership programs provide a great way to engage in holistic conversations about a client's other financial needs. It is not far-fetched to assume that people in certain professions -- for example, teachers, skilled equipment operators, higher-end factory workers, etc. -- will be retiring with pensions of a few hundred thousand dollars and will need help managing those assets in retirement.

For a newer agent with less than four years of experience – the period during which there is a high drop-out rate of producers who cannot sustain their performance -- LTCi partnership programs present a great opportunity to build and sustain a practice, aggregate assets, and help satisfy clients' additional financial services needs.

That's why newer agents should wholeheartedly embrace LTCi partnership programs. Not only do these new programs create a great solution for many consumers but also they open a new, untapped market for many agents looking to build a future in financial services.

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: cover letter 12/21/07 12/21/2007
Comments:
Attachment:
AR Cover 12-21-07.pdf

Review Status:

Satisfied -Name: transmittal 12/21/2007
Comments:
Attachment:
Transmittal - Arkansas - NAIC.pdf



December 21, 2007

Harris Shearer
Rate and Form Analyst
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: **MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY – NAIC # 65935**
Submission of Advertising Materials To Be Used with Long Term Care Policy Form
MM500-P-AR et al.

CRN200912-094914

LTC Partnership – Institutional Newsletter

Dear Mr. Harris Shearer,

The enclosed advertising materials are being submitted for your review and approval. These pieces are intended to be “institutional advertising” regarding long term care coverage, and the potential for partnership programs in the future.

Thank you very much for your assistance with this filing. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Michael Lewis'.

Michael Lewis
Senior Compliance Analyst
(800) 366-5463, Ext. 2380
Michael.Lewis@LifeCareAssurance.com

Attachment

Massachusetts Mutual Life Insurance Company
Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500 • Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 505-8952 • Fax (818) 887-4595

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	
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2.	Department Use Only
	State Tracking ID

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

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

5.	Requested Filing Mode	<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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6.	Company Tracking Number	
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<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: _____

9.	Type of Insurance	
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10.	Product Coding Matrix Filing Code	
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</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>Rates</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		
<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											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</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 _____												

12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	

16.	Certification (If required)
I HEREBY CERTIFY 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 _____.	
Print Name _____	Title _____
Signature _____ 	Date: _____

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

	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 _____	
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 _____	

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 _____	
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