

SERFF Tracking Number: LFCR-125433639 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 37909
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTC50007
Project Name/Number: /

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: LTC50007

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: LFCR-125433639 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

State Tr Num: 37909

State Status: Filed-Closed

Reviewer(s): Marie Bennett, Harris Shearer

Author: Smith Darlene

Date Submitted: 01/16/2008

Disposition Date: 06/17/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

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:

Advertising 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: \$25.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$0.00	01/16/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0151011	\$25.00	01/14/2008

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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		Yes
Supporting Document	NAIC Transmittal		Yes
Form	At A Glance Flyer		Yes

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Note To Reviewer

Created By:

Smith Darlene on 04/11/2008 06:41 PM

Subject:

Pending Fees

Comments:

Our records show that check number 0151011 for \$25.00 cleared our bank on 2/6/2008. Please let us know if you need further information, thank you.

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Form Schedule

Lead Form Number: LTC50007

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC50007	Advertising	At A Glance Flyer	Initial		0	LTC50007 12-20-07.pdf

SignatureCare[®] 500 At A Glance

SignatureCare[®] 500 long term care insurance provides you the freedom to select the benefits that work for you and your lifestyle, while helping to protect your assets, your family and your future.

Benefit Highlights

Policy Design	Facility Services Only or Comprehensive (Facility and Home and Community Based Services)
Daily Benefit Amount	Up to \$300 per day
Elimination Period	30, 60, 90 or 180 ¹ days
Benefit Periods	2 years, 3 years, 4 years, 5 years, 6 years, 10 years, or Lifetime
Payment Options	Lifetime, 10-Pay, Paid up at 65
Limitations on Pre-existing Conditions	No
Facility Bed Reservation	Up to 60 times Daily Benefit Amount per policy year
Alternative Plan of Care*	Yes
Facility Prescription Drug Benefit	Yes
Ambulance Benefit*	Yes
Personal Care Advisor Services	Yes (optional, at no additional costs).
Respite Care Benefit*	Up to 30 times Daily Benefit Amount per policy year
Covered Partner Discounts	35% on each policy
Waiver of Premium	Once elimination period is satisfied, premiums will be waived while receiving benefits.
Free Look Period	30 Days
Optional Riders**	<ul style="list-style-type: none"> • Shared Care • Inflation Protection • Home and Community Based Services (HCBS) Monthly Benefit • HCBS Waiver of Elimination Period • Enhanced Elimination Period • Indemnity Benefit • Waiver of Premium for Covered Partner • Paid-Up Survivor Benefit • Restoration of Benefit • Shortened Benefit Period Nonforfeiture • Return of Premium on Death • Full Return of Premium on Death

¹ The 180-day elimination period is not available in CT, GA, SD & VT.

* Not available with Facility Services Only Policy.

** Available for additional premium.

READ YOUR POLICY CAREFULLY. Coverage provided by Policy Series MM500-P et al. and other state variations thereof and issued by Massachusetts Mutual Life Insurance Company, Springfield MA 01111-0001. Policy provisions and benefits may vary from state to state and some of the benefits illustrated here may not be available in your state. For costs and further details of coverage, including exclusions and reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact your agent or MassMutual at 800-272-2216 (option 4) for a referral to an agent. *The purpose of this material is the solicitation of insurance and an agent may contact you.*

| insure | invest | retire |



**Massachusetts Mutual
Life Insurance Company**

We'll help you get there.SM

Long Term Care Insurance

Securities offered through registered representatives of
MML Investors Services, Inc., 1295 State Street, Springfield, MA 01111.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Cover Letter 01/15/2008
Comments:
Attachment:
AR Cover 1-14-08.pdf

Review Status:
Satisfied -Name: NAIC Transmittal 01/15/2008
Comments:
Attachment:
Transmittal - Arkansas - NAIC.pdf



January 14, 2008

Harris Shearer
Rate and Form Analyst
Arkansas Department of Insurance
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.

LTC50007

At A Glance Flyer

Dear Mr. Shearer,

We are submitting the above referenced advertising material for your review. This piece is intended to be an “invitation to inquire”.

Thank you very much for your assistance with this submission. 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@LifeCare.Assurance.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"/> 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)		
<p>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 _____.</p>			
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