

SERFF Tracking Number: LFCR-125484351 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 38165
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CRN201002-097483
Project Name/Number: /

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: CRN201002-097483

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: LFCR-125484351

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Smith Darlene

Date Submitted: 02/13/2008

State: ArkansasLH

State Tr Num: 38165

State Status: Filed-Closed

Reviewer(s): Marie Bennett, Harris Shearer

Disposition Date: 06/17/2008

Disposition Status: Filed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

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 | 02/13/2008 | |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 0151236 | \$25.00 | 02/12/2008 |

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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 | Press Release | | Yes |

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Note To Reviewer

Created By:

Smith Darlene on 04/11/2008 06:44 PM

Subject:

Pending Fees

Comments:

Our records show that check #0151236 cleared our bank on 3/3/2008. Please let us know if you need further information, thank you.

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Form Schedule

Lead Form Number: CRN201002-097483

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|------------------|-------------|---------------|---------|----------------------|-------------|---|
| | CRN201002-097483 | Advertising | Press Release | Initial | | 0 | PR - LTCi SignatureCar e500 release final 2-8- 08.pdf |



FOR IMMEDIATE RELEASE

Contact: Patrick Collins
617-553-0349
pcollins@madisoncommunications.com

Kathleen Gilroy
617-723-4891
kgilroy@madisoncommunications.com

www.massmutual.com

**MassMutual introduces SignatureCare 500 long-term care insurance,
providing policyholder flexibility and eligibility for annual dividends**

March xx, 2008 Springfield, MA – Massachusetts Mutual Life Insurance Company (MassMutual) today introduced SignatureCare 500, a flexible long-term care insurance product that enables consumers to customize a policy to meet their unique and changing needs while helping to protect their assets, their families, and their quality of future care.

Furthermore, SignatureCare 500 offers a Shared Care Rider¹ option that gives couples and partners more flexibility when their coverage needs differ. In addition, policyholders are eligible to receive annual dividends² from MassMutual as a benefit of the company's mutual structure.

“As Americans live longer and increasingly experience first-hand the hardships of caring for family members and others, many worry about how they will pay for long-term care should they need it and how they can avoid becoming a burden to loved ones,” said Melissa Millan, senior vice president, product management, U.S. Insurance Group, MassMutual. “SignatureCare 500's flexibility and MassMutual's long history of financial stability and the resulting claims-paying ability will enable policyholders to address these worries with a high degree of customization and confidence.”

Working with their financial professionals, consumers can choose one of two base SignatureCare 500 policies:

- The cost-effective facilities-only base policy provides benefits for care provided in nursing homes or assisted living facilities³.
- The comprehensive base policy provides benefits for care provided in the same facilities noted above as well as for care provided at home and in community-based settings.

Policyholders can then choose from an array of riders, enabling them to design a policy that fits their unique and changing needs. Among them is a Shared Care option that is available to two qualifying covered individuals and provides a shared third pool of money that each can access after exhausting his or her own individual pool of money.

In addition, SignatureCare 500 policyholders and their families have the benefit of personal care advisor services through licensed health care practitioners to help assess and coordinate overall care needs and these services are at no additional cost. The practitioner, who is neither employed by MassMutual nor under contract to the company, is an objective resource who can develop a plan of care, coordinate appropriate services, and provide ongoing monitoring of the delivery of such services.

“Personal care advisor services are just one of the many important ways that we can help our policyholders in times of need, whether those occur before, during or after a claim,” said Paul P. Proko, vice president, benefits, U.S. Insurance Group, MassMutual. “Long-term care issues have an impact on a policyholder’s family and loved ones, and having access to this resource as part of their policy contract can help relieve some of the burden of care.”

SignatureCare 500 is the most recent in a series of innovations and enhancements that MassMutual has introduced into its insurance product portfolio.

For more information, visit www.massmutual.com.

About MassMutual

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives. MassMutual and its subsidiaries have more than \$450 billion in assets under management at year-end 2006. Assets under management include assets and certain external investment funds managed by MassMutual's subsidiaries.

Founded in 1851, MassMutual is a mutually owned financial protection, accumulation and income management company headquartered in Springfield, Mass. MassMutual's major affiliates include: OppenheimerFunds, Inc.; Babson Capital Management LLC; Baring Asset Management Limited; Cornerstone Real Estate Advisers LLC; MML Investors Services, Inc., member FINRA and SIPC (www.finra.org and www.sipc.org); MassMutual International LLC; and The MassMutual Trust Company, FSB. MassMutual is on the Internet at www.massmutual.com.

Coverage provided by Policy Series MM500-P et al. and other state variations thereof and issued by MassMutual, 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. Your Outline of Coverage will provide you with a brief summary of coverage, but only the actual insurance policy contains the governing contractual provisions, exclusions and limitations. 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 \(option 4\) to be referred to an agent in your area.](tel:8002722216)

¹Riders are available at an additional cost and the Shared Care Rider is not available in all states

²Dividends are not anticipated to be credited before the later of either the policy anniversary date after you turn 65 or the 10th policy anniversary date. Dividends will be used first to reduce future premiums or, if not in premium paying status, to increase future benefits. **Dividends are not guaranteed.**

³ The facilities-only base policy is not available in all states.

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Cover Letter 02/12/2008
Comments:
Attachment:
AR Cover 2-11-08.pdf

Review Status:
Satisfied -Name: NAIC Transmittal 02/12/2008
Comments:
Attachment:
Transmittal - Arkansas - NAIC.pdf



February 11, 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.

CRN201002-097483

Press Release

Dear Mr. Shearer,

We are submitting the above referenced advertising material for your review. The above piece is intended to be an “invitation to inquire”. Please note that all bracketed material in these pieces is meant to be variable.

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 black ink that reads 'Michael Lewis'.

Michael Lewis
Senior Compliance Analyst
(800) 366-5463, ext. 2380
Michael.Lewis@LifeCare.Assurance.com

Attachments

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 | |
|-----------|----------------------------------|--|

| | |
|-----------|----------------------------|
| 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): _____ |
|-----------|------------------------------|---|

| | | |
|-----------|--------------------------------|--|
| 6. | Company Tracking Number | |
|-----------|--------------------------------|--|

| | | |
|-----------|---|-----------------------|
| 7. | <input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission | Previous file # _____ |
|-----------|---|-----------------------|

| | | | |
|-----------|---------------|--|---|
| 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 | |
|-----------|--------------------------|--|

| | | |
|------------|--|--|
| 10. | Product Coding Matrix Filing Code | |
|------------|--|--|

| | | | | | | | | | | | | |
|--|--|--|--|--|---|---|---|---|---|--------------------------------|--------------------------------------|--|
| 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 _____ | |
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Third Party Authorization | | | | | | | | | | | |
| <input type="checkbox"/> Association Bylaws | <input type="checkbox"/> Trust Agreements | | | | | | | | | | | |
| <input type="checkbox"/> Statement of Variability | <input type="checkbox"/> Certifications | | | | | | | | | | | |
| <input type="checkbox"/> Actuarial Memorandum | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | | | | | | | |

| | | | |
|------------|-------------------------------------|--|--------------------|
| 12. | Filing Submission Date | | |
| 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