

SERFF Tracking Number: LFCR-125519792 State: Arkansas  
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 38317  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: LTC2063 et al  
Project Name/Number: /

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: LTC2063 et al

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: LFCR-125519792

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Smith Darlene

Date Submitted: 03/04/2008

State: ArkansasLH

State Tr Num: 38317

State Status: Closed

Reviewer(s): Marie Bennett, Harris Shearer

Disposition Date: 05/15/2008

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: 05/15/2008

State Status Changed: 05/15/2008

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: \$150.00  
Retaliatory? No  
Fee Explanation: \$25.00 x 6 = \$150.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$150.00	03/04/2008	18306665

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/15/2008	05/15/2008

*SERFF Tracking Number:* LFCR-125519792 *State:* Arkansas  
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## **Disposition**

Disposition Date: 05/15/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LFCR-125519792 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	NAIC Transmittal		Yes
<b>Form</b>	LTC Institutional PowerPoint		Yes
<b>Form</b>	LTC Postcard Seminar Invitation A		Yes
<b>Form</b>	LTC Postcard Seminar Invitation B		Yes
<b>Form</b>	LTC Multi-Life Poster		Yes
<b>Form</b>	LTC Tent Card		Yes
<b>Form</b>	LTC Institutional Advertisement		Yes

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## Form Schedule

Lead Form Number: LTC2063

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC2063	Advertising	LTC Institutional PowerPoint	Initial		0	LTC2063 revised 2-29-08 to be filed high priority .pdf
	LTC50025	Advertising	LTC Postcard Seminar Invitation A	Initial		0	LTC50025 Seminar PC Invite B 2-22-08.pdf
	LTC50026	Advertising	LTC Postcard Seminar Invitation B	Initial		0	LTC50026 Seminar PC Invite A 2-22-08.pdf
	LTC50407	Advertising	LTC Multi-Life Poster	Initial		0	LTC50407_P OSTER_0228 08LR.PDF
	LTC50601	Advertising	LTC Tent Card	Initial		0	LTC50601_T ENTCARD_0 22808LR.PDF
	SA1231	Advertising	LTC Institutional Advertisement	Initial		0	SA1231 - Plan Your Future - institutional 2-29-08.pdf

# An Overview of Long Term Care

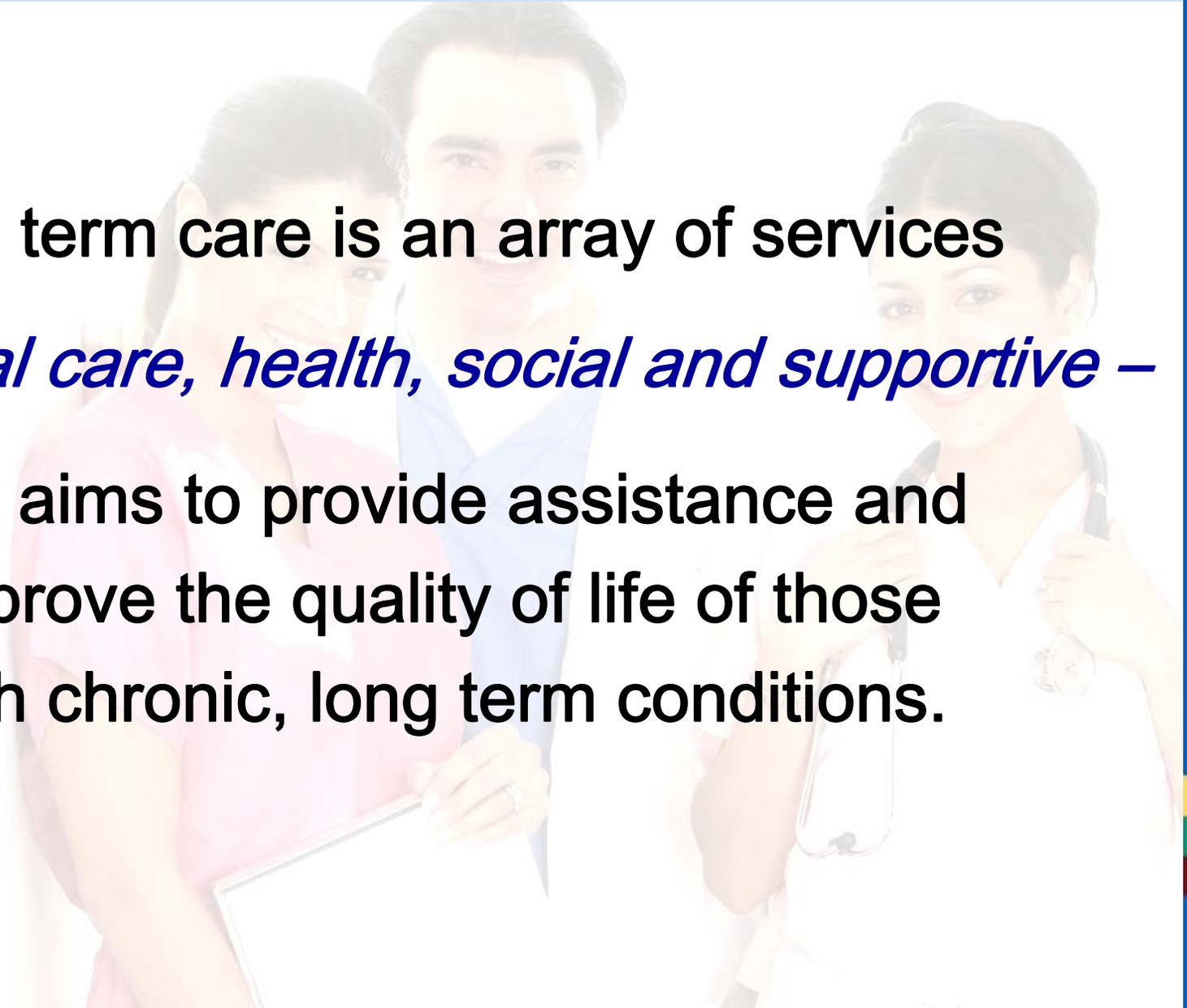


# What Is Long Term Care?

Long term care is an array of services

– *personal care, health, social and supportive* –

that aims to provide assistance and improve the quality of life of those with chronic, long term conditions.



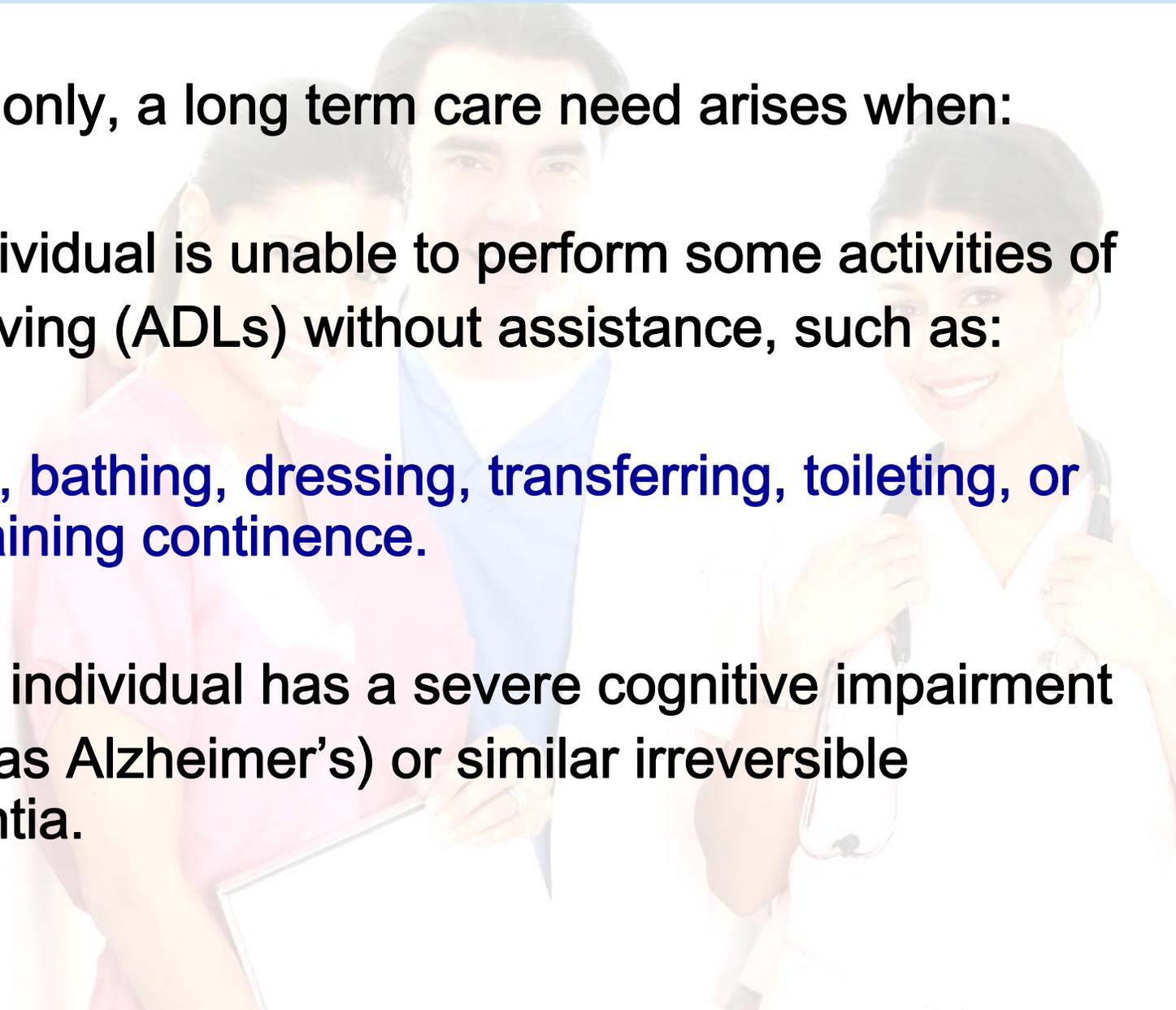
# What Is Long Term Care?

Most commonly, a long term care need arises when:

- An individual is unable to perform some activities of daily living (ADLs) without assistance, such as:

Eating, bathing, dressing, transferring, toileting, or maintaining continence.

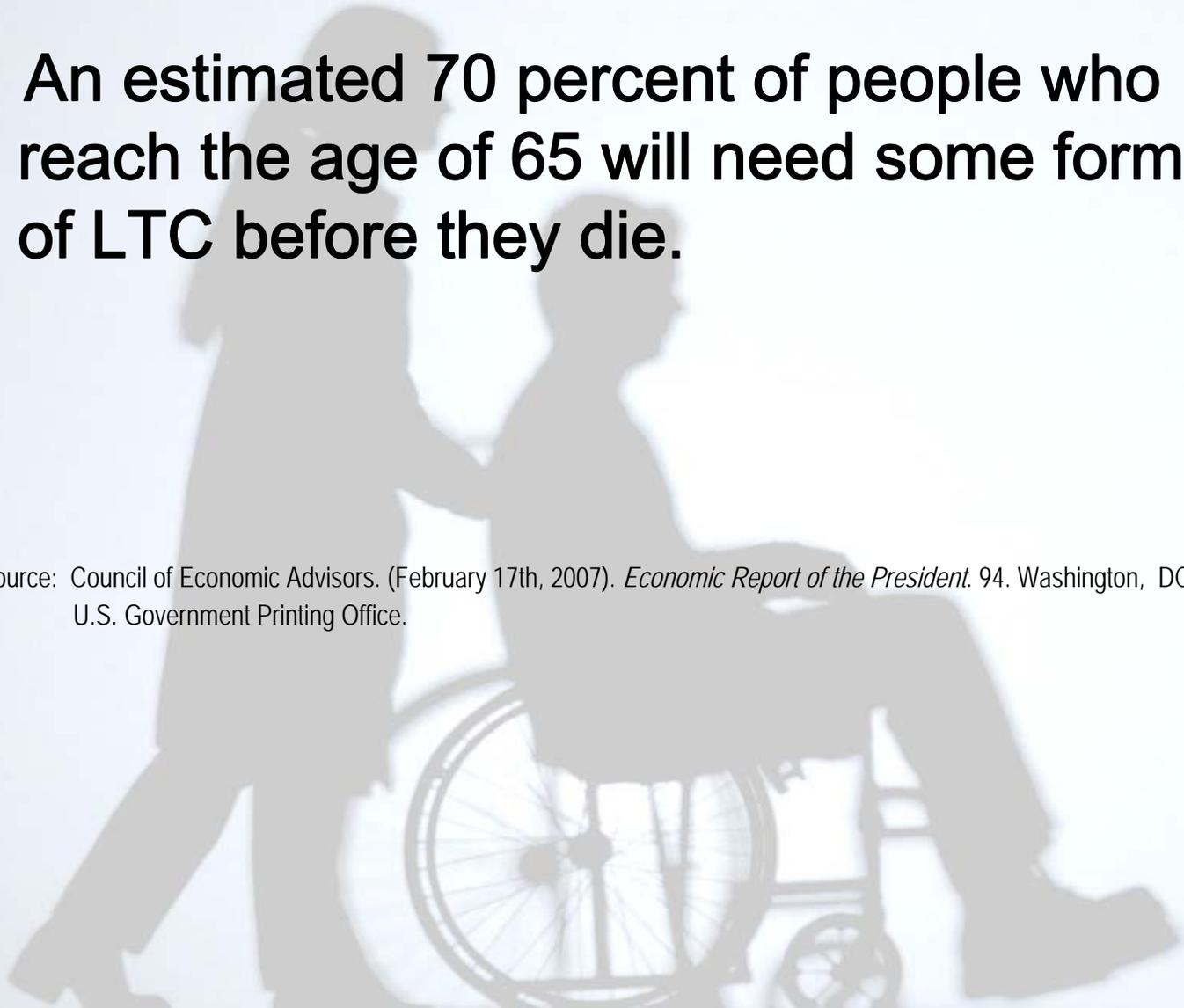
- Or, an individual has a severe cognitive impairment (such as Alzheimer's) or similar irreversible dementia.



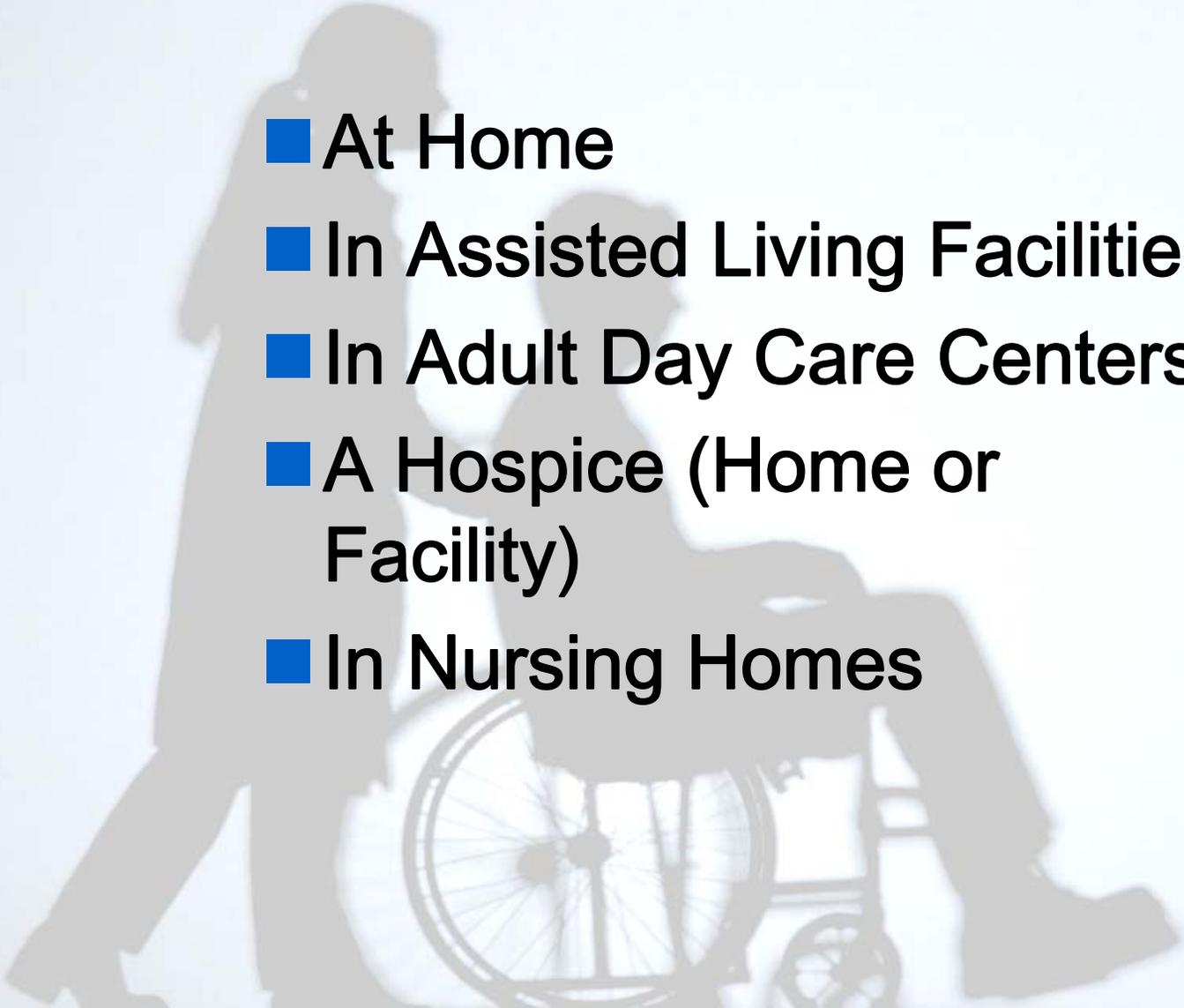
# Who Will Need Long Term Care?

- An estimated 70 percent of people who reach the age of 65 will need some form of LTC before they die.

Source: Council of Economic Advisors. (February 17th, 2007). *Economic Report of the President*. 94. Washington, DC: U.S. Government Printing Office.



# Where is Long Term Care Most Often Provided?

- 
- A faint, light-colored silhouette of a caregiver standing and supporting a person seated in a wheelchair. The caregiver is on the left, leaning towards the person in the wheelchair on the right. The person in the wheelchair is facing right. The background is a light, neutral color.
- At Home
  - In Assisted Living Facilities
  - In Adult Day Care Centers
  - A Hospice (Home or Facility)
  - In Nursing Homes

# Why is Long Term Care A Growing Concern?



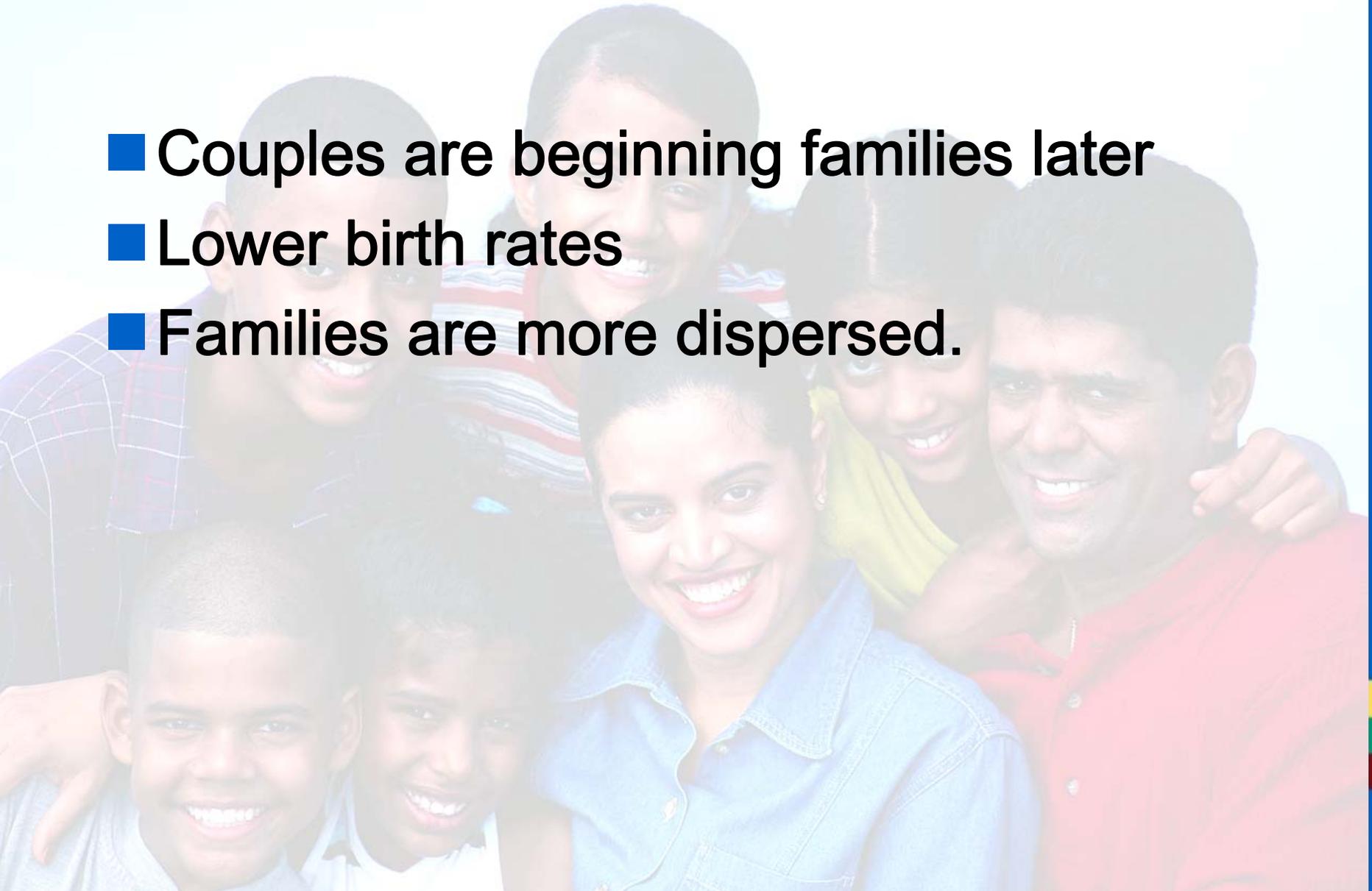
# Concern: The Senior Boom

- More than 35 million Americans are currently 65 and older\*
- By 2030 that segment is projected to exceed 70 million\*

\* He, Wan, Manisha Sengupta, Victoria A. Velkoff, and Kimberly A. DeBarros, U.S. Census Bureau, Current Population Reports, P23-209, *65+ in the United States: 2005*, U.S. Government Printing Office, Washington, DC, 2005

# Concern: A Changing Family Structure

- Couples are beginning families later
- Lower birth rates
- Families are more dispersed.



# Concern: A Changing Family Structure

- It has been estimated that there are 44.4 million American caregivers (21% of the adult population) age 18 or older who provide unpaid care to an adult age 18 or older. These caregivers are present in an estimated 22.9 million households (21% of U.S. households).
- 15% of those caregivers are living an hour or more away from their relative.

Source: *Ahead of the Curve: Emerging Trends and Practices in Family Caregiver Support*, PPI Issue Paper #2006-09, AARP Public Policy Institute, March 2006

# Costs: Nursing Homes

- Nursing home care national average annual costs (private) is \$77,745 – Double that in some areas

# Costs: Home Care

- Home Care on national average costs \$19.00 per hour

*Over \$55,480 per year for 8 hours of care per day*

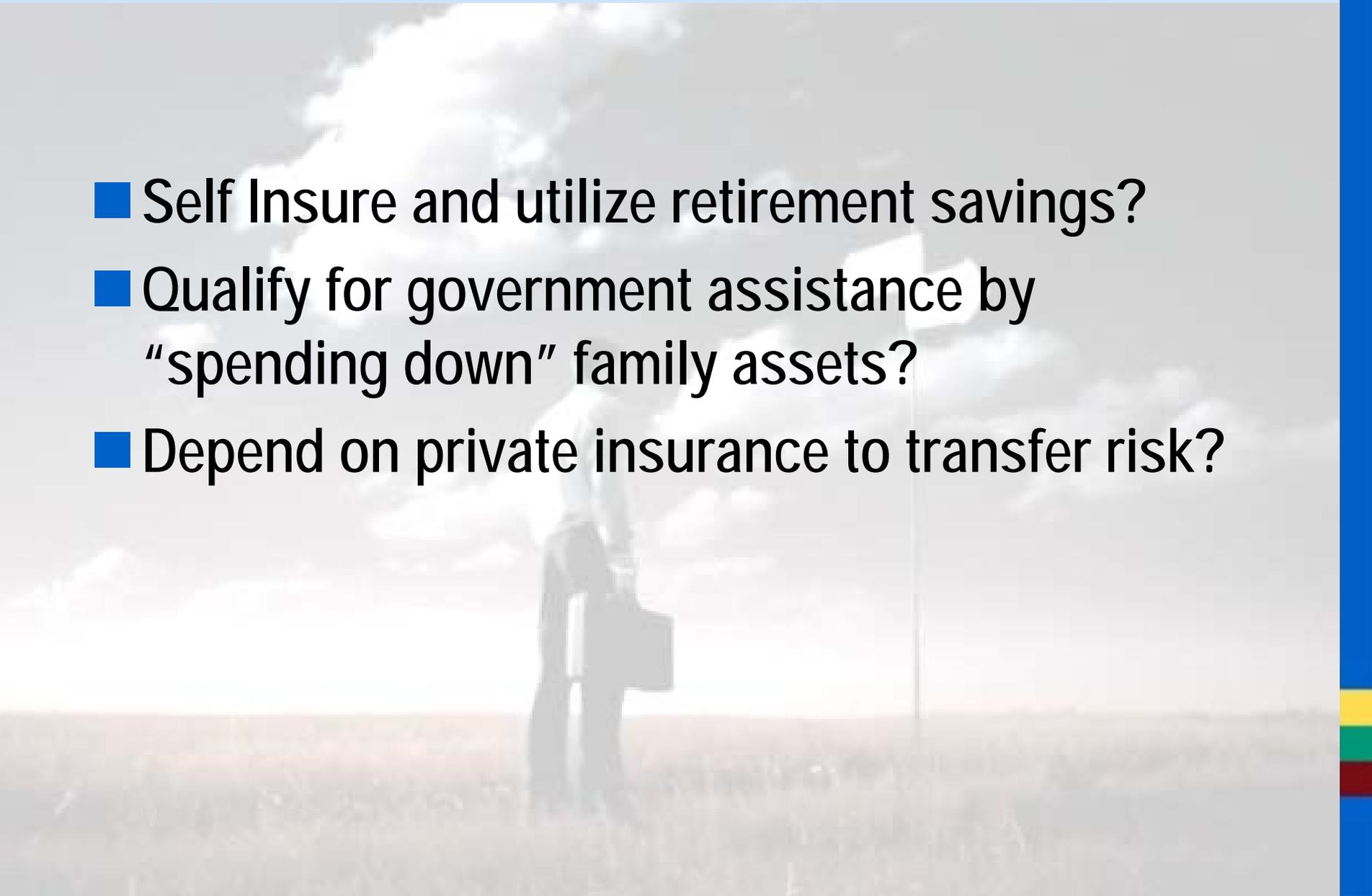
# Existing Program Limitations

- **Medicaid\*** requires persons to meet strict financial guidelines
- **Medicare** requires continuous health improvement, and pays no costs after 100 days (per benefit period)
- **Private health insurance** pays only for skilled care, a fraction of all long term care costs
- **Self-insuring** requires use of personal assets

\*Medicaid guidelines vary by state. Contact your local Medicaid office for more information. \* Medicaid: (or Title XIX) is a need-based, federal program administered by the states, for those who do not have the means to pay for care. In order to be eligible for Medicaid, a person must meet strict financial guidelines regarding assets and income (Source: 42 USC, Sec. 1396)

# What is Your Best Option?

- Self Insure and utilize retirement savings?
- Qualify for government assistance by “spending down” family assets?
- Depend on private insurance to transfer risk?



# Transferring Risk with Long Term Care Insurance (LTCi)



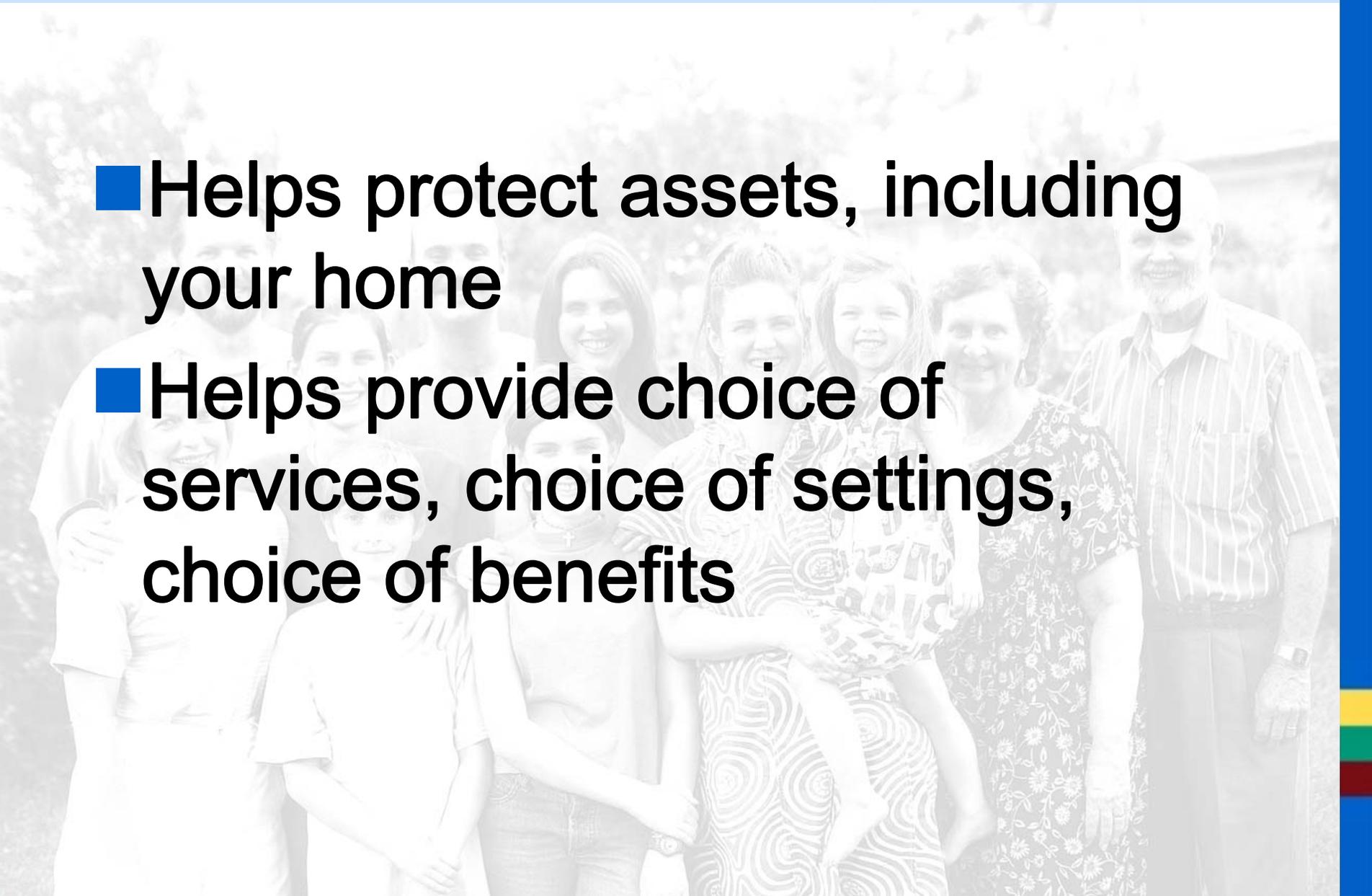
# LTCi: What Are The Benefits?

If an individual needs long term care, LTCi may help to:

- Enable disabled individuals to remain in their home longer
- Support individual's desires not to burden other family members
- Provide financial security and peace of mind
- Allow more opportunities for social interaction
- Keep other financial strategies intact

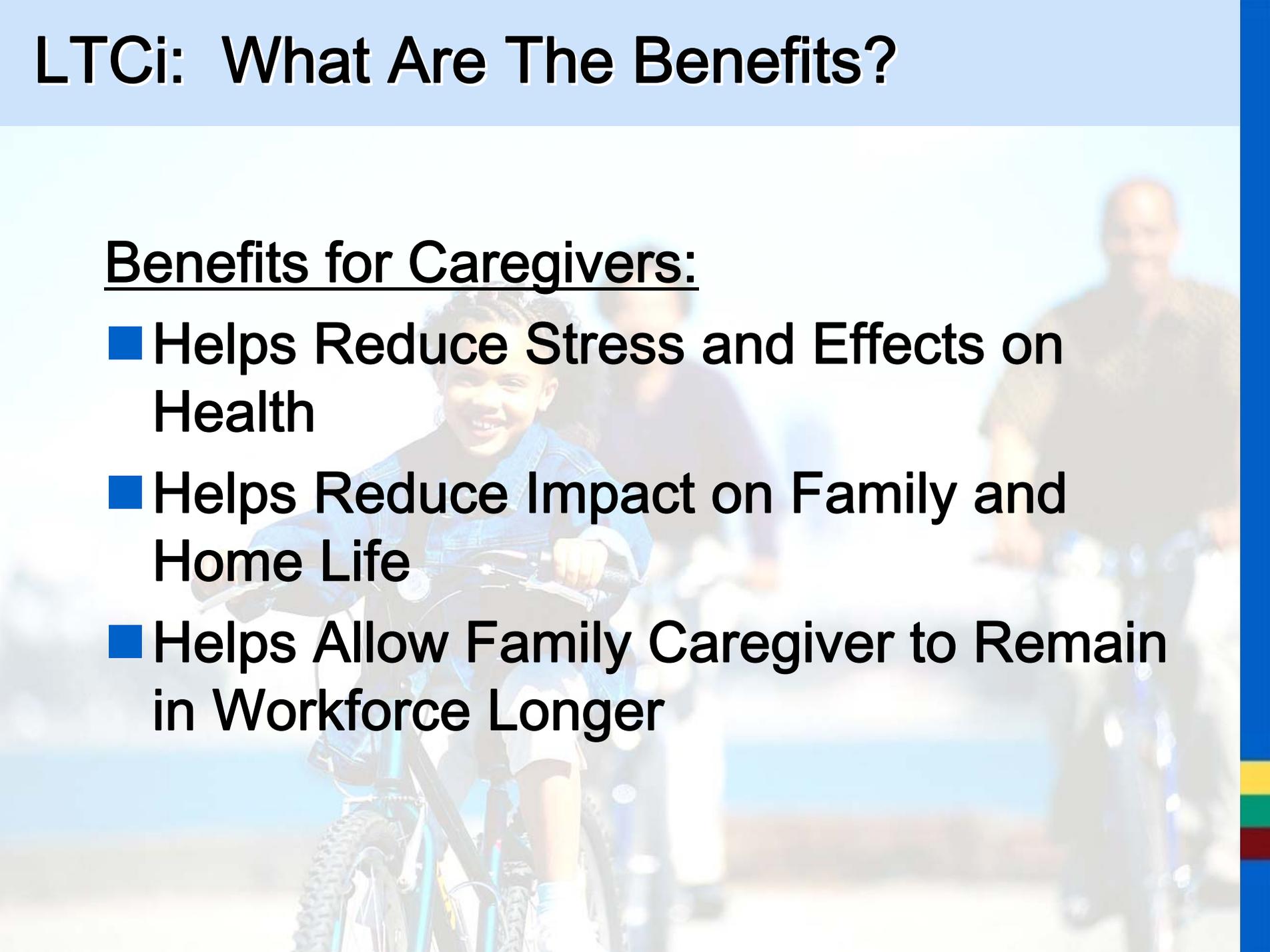
# LTCi: What Are The Benefits?

- **Helps protect assets, including your home**
- **Helps provide choice of services, choice of settings, choice of benefits**



# LTCi: What Are The Benefits?

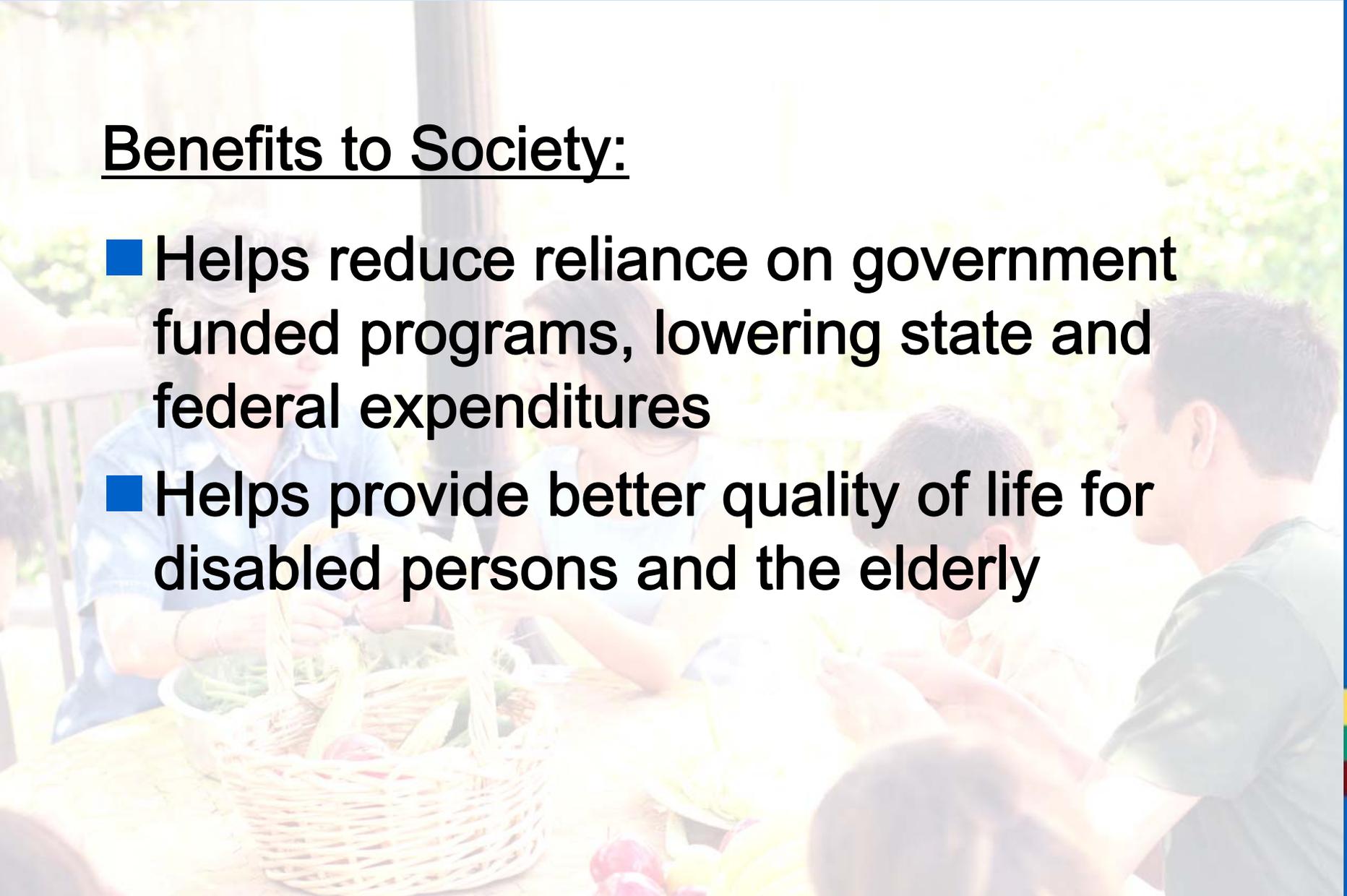
## Benefits for Caregivers:

- Helps Reduce Stress and Effects on Health
  - Helps Reduce Impact on Family and Home Life
  - Helps Allow Family Caregiver to Remain in Workforce Longer
- 

# LTCi: What Are The Benefits?

## Benefits to Society:

- Helps reduce reliance on government funded programs, lowering state and federal expenditures
- Helps provide better quality of life for disabled persons and the elderly



# Choosing a Policy: Long Term Care Insurance



# LTCi: Choosing a Policy

## Basic Policy Design:

- Facility/Nursing Home Services

*Provides benefits for care provided in Nursing and Assisted Living Facilities*

- Facility/Nursing Home Services and Home / Community Care Services

*Provides benefits for either Facility/Nursing Home Services or Home / Community Care Services.*

# LTCi: Choosing a Policy

## Basic Policy Choices

- Benefit Period
- Elimination Period
- Daily Benefit
- Benefit Triggers
- Inflation Protection

# LTCi: Choosing a Policy

## Benefit Duration:

- The amount of time a policy will pay benefits.

*A policy may be designed to pay for a specific number of years (minimum 2 years) or lifetime (unlimited).*

# LTCi: Choosing a Policy

## Elimination Period:

- The amount of time before a policy will begin paying benefits

*Can also be referred to as 'deductible' period – the amount of time (ie: 90 days) an individual must pay for care prior to receiving benefits.*

# LTCi: Choosing a Policy

## Daily Benefit:

- The maximum amount your policy will pay for any one day of long term care services



# LTCi: Choosing a Policy

## Benefit Triggers:

- Chronically ill - Certified by a licensed Health Care Practitioner

*Unable to perform at least 2 of 6 activities of daily living for at least 90 days:*

*Bathing, Eating, Toileting, Continence, Dressing, Transferring*

- Or severe cognitive impairment

# LTCi: Choosing a Policy

## Examples of Optional\* Benefits

### Available with LTCi:

- Spousal/Joint Policy Discount
- Waiver of Premium (single/joint)
- Daily Benefit Inflation Protection
- Indemnity Benefit
- Nonforfeiture Benefit

\* May be available at additional cost.

# Qualified LTCi: Tax Advantages\*

- All benefits received under a tax-qualified policy are generally income tax free\*
- For individuals, premiums may be deductible as Medical Expense (7.5% of adjusted gross income) subject to age & premium limitations\*\*
- It may be possible to pay for premiums on a tax-favored basis through a Health Savings Account

\*IRC Sec 7702(b)

\*\*Consult your tax advisor for more details

# LTCi: Selecting an Insurance Provider

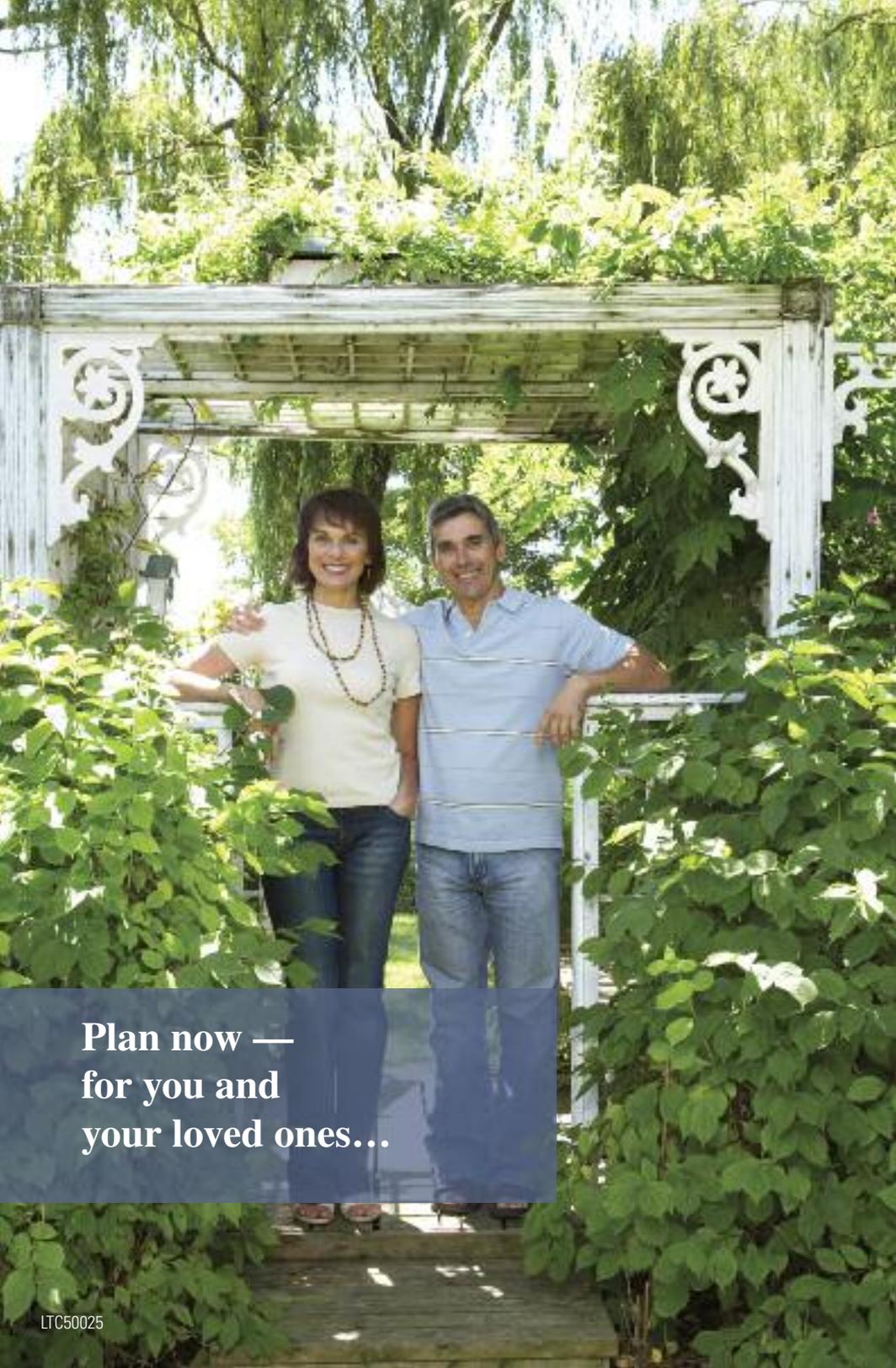
## Focus on Provider's Financial Strength:

- Review Company Ratings
  - A.M. Best
  - Standard & Poor
  - Moody's
  - Fitch
- Review Assets Under Management
- Review Long Term Stability

# Long Term Care Insurance: Right for You. Right for Your Family.







**Plan now —  
for you and  
your loved ones...**

## Mark your calendar for this educational seminar.

### We'll help you get there.<sup>SM</sup>

The need for long term care can happen to anyone...at anytime. By planning now, you can help reduce the emotional and financial impact of long term care on you and your loved ones.

Join us for an informative and educational seminar. You'll learn more about long term care, how much it can cost, if your other insurance will cover it, and what you can do to prepare for a long term care need.

#### Presented by:

[Agent/Rep Name and designations]

[Day of the week, Date]

[Time – Time]

[Location of Seminar]

[Street Address]

[City, State Zip Code]

RSVP to reserve your seat: [XXX-XXX-XXXX]

**Now is the time to plan for long term care — for you and your loved ones. RSVP today!**

**The purpose of this material is the solicitation of insurance. Long Term Care Insurance Policies issued by Massachusetts Mutual Life Insurance Company.**

© 2008 Massachusetts Mutual Life Insurance Company. All rights reserved. MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.

X0000 000  
CRN20xxxx-096754



Massachusetts Mutual Life Insurance Company and affiliates  
Springfield, MA 01111-0001

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**NO TEXT OR IMAGES  
CAN APPEAR ON THIS SIDE.**

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must approve all mail pieces.**

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Nothing can appear within this box – 4.75" x .625".



**Plan now for long term care...**

## Long term care insurance now available through your employer.

### We'll help you get there.<sup>SM</sup>

What if your mother, father, or spouse needed long term care? Or, what if you need care? Now is the time to prepare for long term care with long term care insurance made available through your employer.

Join us for an informative and educational seminar. You'll learn more about the benefits of long term care insurance — for you and your family.

Seminar presented by:  
[Agent/Rep Name and designations]  
[Day of the week, Date]  
[Time – Time]  
[Location of Seminar]  
[Street Address]  
[City, State Zip Code]  
RSVP to reserve your seat: [XXX-XXX-XXXX]

Now is the time to learn more about long term care insurance.  
RSVP today!

**The purpose of this material is the solicitation of insurance.  
Long Term Care Insurance Policies issued by Massachusetts  
Mutual Life Insurance Company.**

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MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.

X0000 000  
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Massachusetts Mutual Life Insurance Company and affiliates  
Springfield, MA 01111-0001

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must approve all mail pieces.**

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# How Many Years Would Your Savings Last If You Needed Long Term Care?

*(Long term care can cost as much as [\$75,000 a year]<sup>1</sup>)*



You have the opportunity to purchase SignatureCare<sup>®</sup> individual Long Term Care Insurance at a discount.

## To Learn More, Attend An Employee Meeting

**Date:**

**Time:**

**Location:**

### Features Include<sup>2</sup>

- Completely Voluntary
- Discounts available to your extended family
- Fully Portable
- Guaranteed Renewable<sup>3</sup>

<sup>1</sup> MetLife Mature Market Institute, Market Survey of Nursing Home and Home Care Costs, [September 2007]. Based on national average costs.

<sup>2</sup> Restrictions apply. Contact your agent for more information.

<sup>3</sup> Premiums may change subject to the appropriate regulatory authority of the state in which the policy was issued.

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.**

Agent Logo

Agent Address/License #

| insure | invest | retire |



We'll help you get there.™

**Massachusetts Mutual  
Life Insurance Company**

Long Term Care Insurance

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



Long Term Care Insurance Policies issued by Massachusetts Mutual Life Insurance Company (MassMutual), Springfield, MA 01111-0001.

*The purpose of this material is the solicitation of insurance.*

*\* MetLife Mature Market Institute, Market Survey of Nursing Home and Home Care Costs, [September 2007]. Figure represents a national average.*

Agent Logo

Agent Address

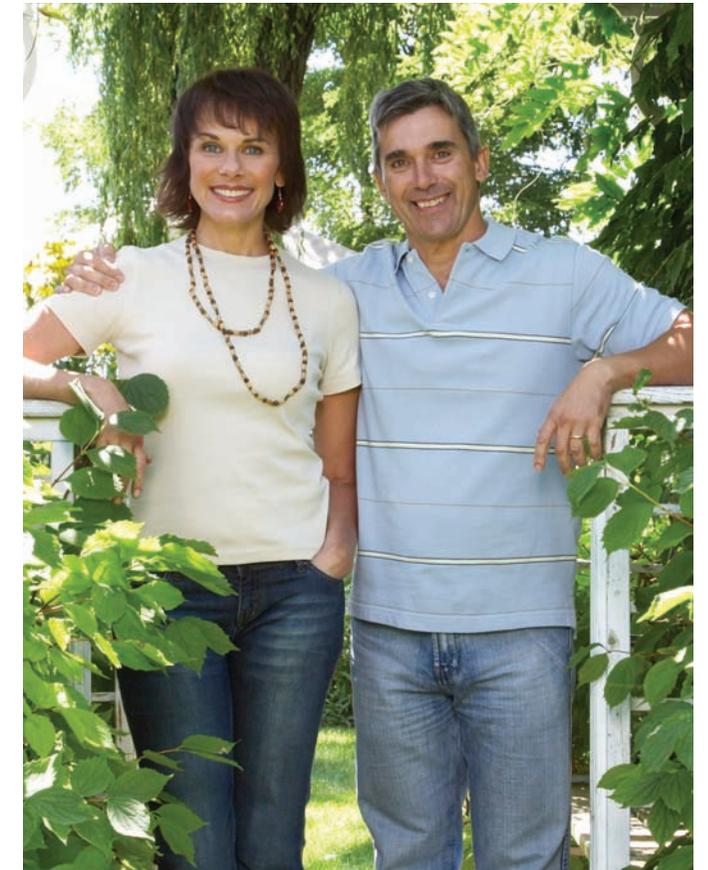
- NOT A BANK OR CREDIT UNION DEPOSIT OR OBLIGATION
- NOT FDIC OR NCUA-INSURED
- NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
- NOT GUARANTEED BY ANY BANK OR CREDIT UNION

Securities offered through registered representatives of MML Investors Services, Inc., 1295 State Street, Springfield, MA 01111, member FINRA and SIPC ([www.finra.org](http://www.finra.org) and [www.sipc.org](http://www.sipc.org))

© 2008 Massachusetts Mutual Life Insurance Company. All rights reserved. [www.massmutual.com](http://www.massmutual.com). MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.

## How Many Years Would Your Savings Last if You Needed Long Term Care?

*(Hint: Long term care can cost over [\$75,000 per year]\*)*



*Speak to a MassMutual Representative Today!*

| insure | invest | retire |



We'll help you get there.™

LTC50601 108

**Massachusetts Mutual Life Insurance Company**

Long Term Care Insurance

CRN201001-096045

long term care. There are many options available for you to choose a solution that's right for your lifestyle. **Call today for details in choosing a policy that's right for you.**



PLACEHOLDER FOR IMPRINT  
(SUPPRESSED)

- > NOT A BANK OR CREDIT UNION DEPOSIT OR OBLIGATION
- > NOT FDIC OR NCUA-INSURED
- > NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
- > NOT GUARANTEED BY ANY BANK OR CREDIT UNION

Long-term care insurance policies issued by Massachusetts Mutual Life Insurance Company (MassMutual), Springfield MA 01111-0001.

CRN 2010xx-064043

LONG TERM CARE INSURANCE

Plan now for long term care



For you, your family, and your peace of mind.

Let us help. >>>

PLACEHOLDER FOR LOGO  
(SUPPRESSED)

SA1231

## LONG TERM CARE INSURANCE

### *The Facts*

- › An estimated 70 percent of people who reach the age of 65 will need some form of LTC before they die.<sup>1</sup>
- › Most long term care is non-skilled personal care assistance, such as help performing everyday Activities of Daily Living (ADLs), which are: Bathing, Dressing, Using the toilet, Transferring (to or from bed or chair), Caring for incontinence, and Eating.
- › Normally, the need for long term care results from a lengthy, chronic illness. However, something as unexpected as an accident or injury could result in the need for long term care.

### *A Solution*

Long term care is a variety of services and supports to meet health or personal care needs over an extended period of time.

- › The goal of long term care services is to help you maximize your independence and functioning at a time when you are unable to be fully independent.
- › Now, while you're healthy, is the time to think about and plan for those unexpected things that can happen in life.

While considerable support can be provided by family and loved ones, the best way to ensure that you receive the type of care you want – in the setting you choose – is an individual long term care insurance policy that can help to:

- › Protect your assets and your estate – including your home

- › Protect your spouse's standard of living, financial security and peace of mind
- › Support your desire not to become a burden on family and friends
- › Preserve your independence and self-determination, by allowing you to live out your life as you wish, where you wish

### *Be Informed*

When you choose to purchase a long term care insurance policy, you make the choice to help protect yourself, your assets, your family and loved ones against the major burdens – both financial and emotional – associated with

1. Council of Economic Advisors. (February 17th, 2007). Economic Report of the President. 94. Washington, DC: U.S. Government Printing Office.

*Continued on back* >>



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## Rate Information

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Cover Letter 03/03/2008  
**Comments:**  
**Attachment:**  
AR Cover 3-3-08.pdf

### Review Status:

**Satisfied -Name:** NAIC Transmittal 03/03/2008  
**Comments:**  
**Attachment:**  
Transmittal - Arkansas - NAIC.pdf



March 3, 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.**

LTC2063	LTC Institutional PowerPoint
LTC50025	LTC Postcard Seminar Invitation A
LTC50026	LTC Postcard Seminar Invitation B
LTC50407	LTC Multi-Life Poster
LTC50601	LTC Tent Card
SA1231	LTC Institutional Advertisement

Dear Mr. Shearer,

We are submitting the above referenced advertising material for your review. With the exception of LTC50407, these pieces are intended to be “institutional advertising” regarding long term care coverage. Form LTC50407 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

<b>1.</b>	<b>Prepared for the State of</b>	
-----------	----------------------------------	--

<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>	
-----------	--------------------------------	--

<b>7.</b>	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	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		
<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"/> <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 _____	
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements											
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

<b>12.</b>	<b>Filing Submission Date</b>		
<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 _____	
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 _____	

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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 _____	

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