Filing at a Glance

Company: Northwestern Long-Term Care Insurance Company

Product Name: 90-2360 LTC (1007)
SERFF Tr Num: NWST-125475760
State: ArkansasLH

TOI: LTC03I Individual Long Term Care
SERFF Status: Closed
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Co Tr Num: 90-2360 LTC (1007)
State Status: Filed-Closed

Filing Type: Advertisement
Co Status:
Reviewer(s): Marie Bennett, Harris Shearer

Authors: Addie Croeker, Angela Hanson, Sue Blanco
Disposition Date: 05/21/2008

Date Submitted: 02/12/2008
Disposition Status: Filed

Implementation Date Requested: On Approval
Implementation Date:

State Filing Description:

General Information

Project Name: 90-2360 LTC (1007)
Project Number: 90-2360 LTC (1007)
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Wisconsin, our State of Domicile, does not require advertising to be filed.

Explanation for Combination/Other:
Market Type: Individual

Submission Type: New Submission
Group Market Size:

Overall Rate Impact:
Group Market Type:

Filing Status Changed: 05/21/2008

State Status Changed: 05/21/2008
Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the form listed above for your review and, if necessary, your approval, as advertising material for the Long Term Care Policy and related forms which have been approved in your state. This form is being submitted on behalf of Northwestern Long Term Care Insurance Company, a wholly owned subsidiary of The Northwestern Mutual Life Insurance

Company.
Form 90-2360 LTC (1007) will be used by our agents to promote their services and will be used with existing clients and prospective clients.
Forms 90-2385 LTC (1107) and 90-2387 LTC (1107) will be used by our agents to give to their clients to generate an interest in long-term care insurance. These articles may also be used on our internet site.
If you should have any questions regarding the enclosed forms, you may call me at (414) 665-7233 or e-mail me at angelashanson@northwesternmutual.com, on e-mails that are sent, please copy sueblanco@northwesternmutual.com.

Company and Contact

Filing Contact Information

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Filing Company Information

Northwestern Long-Term Care Insurance Company	CoCode: 69000	State of Domicile: Wisconsin
720 East Wisconsin Avenue Rm S845	Group Code: 860	Company Type: Long Term Care
Milwaukee, WI 53202	Group Name:	State ID Number:
(414) 665-4224 ext. [Phone]	FEIN Number: 36-2258318	

Filing Fees

Fee Required?	Yes
Fee Amount:	$75.00
Retaliatory?	No
Fee Explanation:	$25 per form x 3 forms = $75.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Northwestern Long-Term Care Insurance Company	$75.00	02/12/2008	17936215

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/21/2008	05/21/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Please	Note To Reviewer	Addie Croeker	05/09/2008	05/09/2008

Disposition

Disposition Date: 05/21/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Form	Professional Profile: LTC Specialist		Yes
Form	NY Times: Elder Care Costs Deplete Savings of a Generation		Yes
Form	Wall Street Journal: Trading Up		Yes

Note To Reviewer

Created By:

Addie Croeker on 05/09/2008 02:21 PM

Subject:

Status Please

Comments:

Can you tell us what the status is of this filing. thank you

Form Schedule

Lead Form Number: 90-2360 LTC (1007)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	90-2360 LTC (1007)	Advertising	Professional Profile: LTC Specialist	Initial		0	90 2360 (1007).pdf
	90-2385 LTC (1107)	Advertising	NY Times: Elder Care Costs Deplete Savings of a Generation	Initial		0	90 2385 LTC (1107).pdf
	90-2387 LTC (1107)	Advertising	Wall Street Journal: Trading Up	Initial		0	90 2387 LTC (1107).pdf

The mission of the Northwestern Mutual Financial Network is to develop Enduring Relationships with our clients by providing Expert Guidance for a lifetime of financial security.

The Northwestern Mutual Financial Network is dedicated to providing guidance and solutions to help you identify and meet your financial goals. We achieve this through our network of experienced representatives and specialists who have access to products and services that include the following:

- Long-Term Care Insurance
- Disability Income Insurance
- Life Insurance
- Employee Benefits
- Variable and Fixed Annuities
- Money Market Funds
- Certificates of Deposit
- Mutual Funds
- Individual Stocks and Bonds
- Exchange Traded Funds
- Unit Investment Trusts
- Treasuries

Northwestern Mutual Financial Network is the marketing name for the sales and distribution arm of The Northwestern Mutual Life Insurance Company, Milwaukee, WI (NM), and its subsidiaries and affiliates. <NAME> is an Insurance Agent of NM (life insurance, annuities and disability income insurance) and Northwestern Long Term Care Insurance Company, Milwaukee, WI, a subsidiary of NM (long-term care insurance), and a Registered Representative of Northwestern Mutual Investment Services, LLC, <OSJ Address and Telephone>, a wholly-owned company of NM, broker-dealer and member FINRA and SIPC. NM is not a broker-dealer. There may be instances when this agent represents insurance companies in addition to NM or its affiliates.

Notes

* Long Term Care Specialists and Financial Representatives are licensed insurance agents of The Northwestern Mutual Life Insurance Company

Your state's insurance department may have additional information, including a shopper's guide, explaining long-term care insurance.

This material is for the purpose of soliciting a long term care insurance sale.

Policy includes exclusions and limitations.

Agent's License Number: [9999999]

Northwestern Long Term Care Insurance Company · A subsidiary of The Northwestern Mutual Life Insurance Company · Milwaukee, WI
www.nmfn.com

90-2360 LTC (1007)
Policy Form: RS.LTC. (1101)

Northwestern Mutual
FINANCIAL NETWORK®

Your Long-Term Care Specialist*

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Northwestern Long Term Care Insurance Company™
A Northwestern Mutual Company

As a Long-Term Care Specialist for [The Bostick Financial Group], a member of the Northwestern Mutual Financial Network, I have extensive experience in the design, implementation and service of individual and business long-term care insurance solutions. My clients appreciate the security in knowing that I have provided specific solutions to help meet their goals for their long-term care needs.

Qualifications

Education and Professional Designations –
[Chartered Life Underwriter (CLU)]
[Chartered Financial Consultant (ChFC)]

Awards & Recognition –
[Any awards the financial representative may have won will be listed here]

Associations and Memberships –
[Any associations or memberships the financial representative participates in will be listed here]

Representing Northwestern Mutual Since [1980]

Personal

Family –
[Any personal interests the financial representative has will be listed here]

How protected are you?

If you had a need for long-term care, do you have the income stream to pay the potential costs? Would you have to divest some of your assets to pay for this type of care? And, if so, how would your financial future look?

What other choices do you have to help pay for long-term care?

- Medicare generally does not cover long-term care.
- Medicaid is for those individuals who are at or below the poverty level.
- Self-funding long-term care could deplete retirement resources or the value of your estate as prices for care continue to increase.

There are many other ways to fund long-term care expenses that your financial representative can discuss with you, including...

Long-Term Care Insurance

Long-term care insurance helps to provide funding for these potential costs and should be considered as an integral part of any retirement plan. And if you take the steps to prepare yourself, you will provide yourself with the ability to make choices for your care in the future.

Northwestern Long-Term Care Insurance Company (NLTC):

- Is a wholly owned subsidiary of The Northwestern Mutual Life Insurance Company, a company consistently named the America's Most Admired life insurance company by a FORTUNE® Magazine survey.[1]
- Has received the best possible insurance financial strength ratings from the four major rating services.[2]
- Has a history of offering new policy features to existing policyowners whenever possible and practical.[3]
- Has not raised rates on new or in-force long-term care insurance policies.
- Offers a participating long-term care insurance policy. Any dividends will be used to reduce future premiums, or if not so used, will be paid upon your death or cancelation of the policy.[4]

1 FORTUNE, "America's Most Admired Companies," March 19, 2007.

2 The four agencies listed base ratings on the financial strength of the insurance company. These ratings are not recommendations of specific policy provisions, rates or practices of the insurance company. Since its entrance into the long-term care insurance market in 1998, all four agencies have given Northwestern Long Term Care Insurance Company the best possible insurance financial strength ratings. At the time of this publication, our most current ratings are for the following dates: A.M. Best (August 2007), Fitch Ratings (August 2006), Moody's (March 2006) and Standard & Poor's (November 2006).

3 QuietCare® RR Series policyowners were sent a Benefit Upgrade offer in 2002. This offer included an amendment making their policies participating (eligible to receive dividends if warranted), and an offer to increase their Assisted Living Facility Maximum Daily Limit from 75% to 100% of Nursing Home Maximum Daily Limit and to include Caregiver Training Benefit. In 2003, existing policyowners with the Automatic Additional Purchase Benefit were extended enhancements to that benefit, and in 2005, additional product enhancements provided to existing policyowners included elimination of the mental disorder exclusion, coverage of care received in Canada, and increasing bed reservation and respite care benefits to 30 days/year. All of these enhancements were offered to policyowners at no additional charge. NLTC policyowners automatically received the Participation Amendment, but were required to sign and return the Benefit Upgrade Acceptance Form to the NLTC Administration Office in order to receive the Benefit Upgrade Amendment. Premiums can increase in the future on a class basis.

4 Neither the existence nor the amount of a dividend is guaranteed in any given year. Decisions with respect to the determination and allocation of divisible surplus are left to the discretion and sound business judgement of the Board of Directors. There is no guaranteed specific method or formula for the determination and allocation of divisible surplus. Northwestern Long-Term Care Insurance Company's approach is subject to change.

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The New York Times

National

SATURDAY, DECEMBER 30, 2006

Elder-Care Costs Deplete Savings of a Generation

By JANE GROSS

To care for her ailing 97-year-old father over the past three years, Elizabeth Rodriguez, a vice president at the Federal Reserve Bank in New York, has borrowed against her 401(k) retirement plan, sold her house on Staten Island and depleted nearly 20 years of savings.

The money has gone to lawyers' fees ($50,000) to win a contested guardianship. It has gone for home-care equipment like the mattress for his hospital bed (about $3,000 in all) and for a food service to deliver meals ($400 a month).

It has gone for a two-bedroom rental apartment big enough for herself, her dad and a home aide ($1,600 a month more than a one-bedroom apartment in the same building), and for a wheelchair-accessible van to get him to doctors' appointments ($330 a trip).

Asked to tally the costs, Ms. Rodriguez, 58, said she had no idea how much she was spending. "A shower chair, body cream with no alcohol, new shoes," she said. "You don't stop and calculate. You just buy what you have to buy."

Ms. Rodriguez is among the legion of adult children — more than 15 million, according to various calculations — who take care of their aging parents, a responsibility that often includes paying for all or part of their housing, medical supplies and incidental expenses. Many costs are out of pocket and largely unnoticed: clothing, home repair, a cellular telephone.

Adult children with the largest out-of-pocket expenses are those supervising care long distance, those who hire in-home help and those whose parents have too much money to qualify for government-subsidized Medicaid but not enough to pay for what could be a decade of frailty and dependence.

The burden is compounded by ignorance, according to a study by AARP, released in mid-December, which found that most Americans have no idea how much long-term care costs and believe that Medicare pays for it, when it does not.

Families have always looked after their elderly loved ones. But never has old age lasted so long or been so costly, compromising the retirement of baby boomers who were expecting inheritances rather than the shock of depleted savings.

"There is a myth out there that families abandon their frail elders," said Dr. Robert L. Kane, a geriatrician at the University of Minnesota School of Public Health. "Instead, across the income spectrum, children are sacrificing to care for their parents to the limit of their means and sometimes beyond."

Researchers have documented the time spent by adult children, and others, caring for ailing relatives. But data is woefully inadequate on how much they actually spend, health economists say, because most people do not keep itemized entries as they write checks, use their credit cards or pocket money to meet the demands of the day.

"When you're in the middle of the forest, with so many things coming at you, you can't really see the trees," Ms. Rodriguez said. "But each one of those trees has actual dollars connected to it."

Costs are astronomical for long-term, low-tech care, the sort most often needed by those who linger with Alzheimer's disease or are too frail to get around on their own. Medicare is of almost no help, since it covers only acute episodes like a heart attack, cancer or repair of a broken hip.

That means the elderly and their families are left to pay for assisted living (which averages $35,000 a year), nursing homes ($74,000) or home health aides. Only the very poor receive Medicaid, which pays nursing-home bills nationwide but home care in only a few states (New York among them), and nothing toward assisted-living rent.

Nor does Medicare cover equipment like grab bars for the shower and incontinence supplies, which alone can run $2,000 a year, or travel expenses for an adult child responding to medical emergencies.

Marilyn de Leo, for instance, has made two trips from New York City to Los Angeles since September, when her mother fell in the bathroom and broke her neck and both ankles. Ms. de Leo, 62, an associate director in the development office of Mount Sinai Medical Center, spent $800 on airfare for the first frantic trip, plus $50 a day on taxis, since she had left her eyeglasses behind in a mad dash to the airport and therefore could not rent a car. Ms. de Leo has no savings left, and is $5,000 in debt. When asked about her own future, she said, "I'll have to work till I drop."

Only one authoritative survey, in 2004, has even asked adult children how much they contribute to their parents' support. Half said they did, and the average monthly expenditure was $200. Respondents who looked after their parents at least 40 hours a week said they spent an average of $324 a month.

But those figures were based on "quick, top-of-the-head estimates," said Gail Hunt, president of the National Alliance for Caregiving, which conducted the survey.

Knowing the extent of these expenses might inform public policy, some experts say, calling attention to a gap in the government safety net for the elderly.

"Should this burden fall solely on the individual and the family?" asked Judy Feder, dean of the Public Policy Institute at Georgetown University. "And can we really expect this arrangement to keep doing the job as a larger and larger population comes to grips with it?"

Congress recently passed a poorly financed bill that would help family members who need a break to pay for substitute care of an ailing loved one. But the Bush administration, to date, has preferred a private sector solution, recommending long-term insurance and reverse mortgages.

For spouses, most expenses are tax-deductible if they exceed 7.5 percent of adjusted gross income. But children cannot claim parental expenses unless they pay more than half of a parent's support, which is often not the case when the parents are on Medicaid, like Ms. Rodriguez's father, or have savings, like the Schoengood family.

The elder Schoengoods, both 86, own a home in Yonkers and a condominium in Florida and have assets enough for round-the-clock care, which can cost $100,000 a year. Still, their son, Matthew G. Schoengood, 49, vice president of student affairs at the Graduate Center at the City University of New York, has kicked in at least $1,000 a month since 2005, when his mother had the first of two strokes.

Mr. Schoengood flew his family nanny to Florida, for example, to look after his father. Now that his parents are permanently up north, Mr. Schoengood orders their groceries online along with his own. "As a child, it's just something you do," he said. "Mostly you don't even think about it."

His father makes a half-hearted effort to pay him back, but Mr. Schoengood always says, jokingly, "I'll put it on your tab, Dad." Typical of their generation, his parents fret about every penny. His father asks, incessantly, "Do we have enough?" Mr. Schoengood tells him not to worry.

For sure, he hopes his own children will do for him what he is doing for his parents, but he cringes at the prospect of burdening them — one reason long-term care insurance is becoming attractive.

Mr. Schoengood's out-of-pocket spending is not sensible, elder-care experts say, but the result of the awkward minuet of preserving a parent's pride.

If families behaved logically, said Steven Schurkman, an elder-care lawyer in White Plains, all expenses would be paid from the parents' money, which if depleted would entitle them to Medicaid. "What most of us do isn't sound financial planning," Mr. Schurkman said. "But it's healthy for the family dynamic."

Carol Levine, director of the Families and Health Care Project at the United Hospital Fund in Manhattan, said that paying for her mother's needs required delicacy, even subterfuge. When Ms. Levine went shopping, her mother would say, "Take $5 out of my purse." Her daughter would return with 10 bags of groceries, and both would pretend that was all she had spent.

Both Mr. Schoengood and Ms. Rodriguez say their out-of-pocket expenses will not ruin them. Others are not so lucky.

Take Patrice B., 47, who returned to her childhood home in Jacksonville, Fla., seven years ago to move in with her mother, 84, who has Alzheimer's disease, and her father, 86, who has congestive heart failure. (They requested that the family's last name be omitted so neighbors would not know their plight.)

In their African-American culture, Ms. B. said, putting her parents in a nursing home would have been shameful. Plus, they could pay for some home care out of pensions as well as military disability checks. She, on the other hand, after years of sporadic part-time work and untallied out-of-pocket expenses, is broke.

She has catastrophic health insurance, but it will not pay for the hysterectomy she needs. She has lost her credit cards after accumulating $20,000 in debt. "Honestly," Ms. B. said, "I've got nothing anymore. I go from very angry to very depressed."

Kate Mesmer, a single mother in Northern California who had always worked for nonprofit organizations, was living paycheck to paycheck when her mother had a stroke in 2001. Ms. Mesmer took a tenant into her house so she could contribute to her mother's $6,000-a-month rent at an assisted living center.

Then Ms. Mesmer lost her job and had to move her mother to a board-and-care home. A second stroke forced her mother into a nursing home, where she qualified for Medicaid. That is where she died last year, with nothing left but an $18,000 I.R.A. The State of California is seeking that, contending the $18,000 should have gone toward nursing-home fees.

Given what she learned in the final years of her mother's life, Ms. Mesmer said: "I have a panic attack at least once a day. It's frightening to think about our generation and what's going to happen to us."

Caring for Parents

Slightly more than half of the 29 million Americans who care for ailing family members care for parents. The largest share of the burden falls on people of middle age.

AGE GROUP	PERCENTAGE CARING FOR PARENTS
19 to 34	4.7%
35 to 49	9.8
50 to 64	10.7
65 to 74	5.5
75 and older	0.8

Source: Peter S. Arno, Albert Einstein College of Medicine

The New York Times

THE WALL STREET JOURNAL.
FRIDAY, NOVEMBER 14, 2007

GETTING GOING | *By Jeff D. Opdyke*

Trading Up: When to Replace Your Long-Term-Care Policy

So you've got a long-term-care policy. Congratulations. Now consider dumping it.

One of the biggest knocks on long-term-care insurance—which pays for costs such as assisted living, nursing homes and home health care that Medicare and other insurance generally don't—is that many policies were wildly underpriced when they were first sold, causing insurers to push premiums much higher in recent years. In Florida, where 70 to 80 long-term-care insurers have written policies, roughly half seek rate increases in any given year, according to state insurance officials—meaning many of Florida's 375,000 long-term care policyholders routinely are hit by higher rates.

But such rate increases are rare with newer policies, largely because of model legislation written by the National Association of Insurance Commissioners, imposing more-stringent standards that effectively reduce insurers' profits when they seek rate increases. The legislation, adopted by many states in recent years, means new policies tend to be priced more appropriately, and insurers generally haven't needed to increase rates.

So should consumers who routinely confront rate increases replace their current long-term-care coverage with a new policy?

"That would be a reasonable consideration" for some policyholders, says Peter Katt, a fee-only insurance adviser in Mattawan, Mich. Sandy Praeger, the Kansas insurance commissioner and president-elect of NAIC, agrees, saying that baby boomers who already have a long-term-care policy "ought to at least take a look" at whether a better policy is available.

In replacing an existing policy, you might also pick up some additional benefits not standard with older policies, such as access to a broader sweep of care providers, as well as reduce the likelihood that you'll be hit with continued premium increases. Your rates will likely be somewhat higher, but do you want a greater likelihood of stable rates, or the risk that your premiums will keep going higher?

This strategy isn't for everyone. For one thing, you're older now, and that will add to the cost, since long-term-care polices have been growing more expensive. Moreover, if your health has deteriorated, you may no longer be insurable. So don't drop coverage until you check with a long-term-care planning specialist.

The ABCs of LTC

Must-haves in a new policy:

- **Quality insurer.** Seek a rating of A or better and many billions in assets.
- **Inflation protection.** Benefits should grow, whether at compound or simple rates of inflation.
- **Appropriate coverage.** Match your benefit needs to local care costs, which vary widely.

Still, healthier consumers in their 50s and 60s may do well by shopping for new coverage, as the trend of sometimes steep rate increases on older policies "is something that could continue to occur," says Dave Simbro, a vice president at Northwestern Long Term Care Insurance Co., which has never raised rates.

Whether you're buying a new policy or replacing an existing one, here's what to look for in a new long-term-care policy:

■ Low prices don't always signal the best deal. The rate increases policyholders routinely struggle with are proof.

The primary consideration: Find an insurer that has both an A rating or better, and which has a large book of business in long-term care, says Joe Celano, president of INTRX HealthCare, a long-term-care planning firm in New Orleans. Plenty of well-regarded insurers exist, but not all do much long-term-care business. Because of that, they may not price policies appropriately, and if they ultimately exit the business—as many have done—you may face a greater likelihood of rate increases under the new insurer.

■ Re-evaluate your needs. You may not need all the bells and whistles you're paying for. Some long-term-care insurers have created new, more-affordable bare-bones policies that still provide basic coverage.

And use an LTC-planning specialist. Not all financial professionals—including insurance agents—understand long-term care. Look for designations that include CLU (Chartered Life Underwriter), ChFC (Chartered Financial Consultant) and CFP (Certified Financial Planner). Question them about how well they understand long-term care, and talk to more than one.

If you can't replace your policy for whatever reason—yet can't afford the rate increase—don't drop your policy. Instead, "talk to your insurer about the things that can mitigate the impacts of the rate change," says Randy Rohrbaugh, a deputy commissioner in Pennsylvania's Insurance Department, which sees numerous rate-increase requests every year, almost all on older policies.

You can reduce daily benefits; shrink the period of coverage from, say, lifetime to three to five years; increase the so-called elimination period—the time in which you pay the care costs—from 60 or 90 days to 180 days or even a year; or alter the inflation protection so that daily benefits grow at simple rates, not compounded.

If you still have to drop your policy, check if your policy has a nonforfeiture clause—not all do. This ensures the premiums you've paid in aren't wasted. Generally, you'll get daily benefits equal to the amount of premiums you paid into the policy before dropping it.

Jonathan Clements is on vacation.

Northwestern Long Term Care Insurance policies contain exclusions and limitations. Policy forms: RS.LTC(1101) and RS.LTC.ML.(1101). Policy form RS.LTC.ML.(1101) is only available in New Jersey, New York, and Pennsylvania. The purpose of this material is for the marketing and solicitation of insurance. Northwestern Long Term Care Insurance Company, Milwaukee, WI.

For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy. Existing insurance should never be discontinued before a new policy is issued. You should carefully review the new coverage, comparing it with your current long-term care insurance policy, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision. New policies provide thirty (30) days within which you may decide, without cost, whether you desire to keep the policy.

Rate Information

Rate data does NOT apply to filing.