

SERFF Tracking Number: LFCR-125689147 State: Arkansas  
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 39246  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: SA1230 et al  
Project Name/Number: /

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: SA1230 et al

SERFF Tr Num: LFCR-125689147 State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 39246

Sub-TOI: LTC03I.001 Qualified

Co Tr Num:

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Harris Shearer

Author: Smith Darlene

Disposition Date: 07/24/2008

Date Submitted: 06/10/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/24/2008

State Status Changed: 07/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Advertising Filing

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - LCA01)

Michael Lewis, Senior Compliance Analyst - michael.lewis@lifecareassurance.com

Advertising

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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: \$50.00  
Retaliatory? No  
Fee Explanation: \$25.00 per form x 2 = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$50.00	06/10/2008	20760405

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/24/2008	07/24/2008

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## Disposition

Disposition Date: 07/24/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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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	Filed-Closed	Yes
<b>Supporting Document</b>	NAIC Transmittal	Filed-Closed	Yes
<b>Form</b>	"We Can Help" Institutional Ad	Filed-Closed	Yes
<b>Form</b>	"Don't Do it Yourself" Institutional Ad	Filed-Closed	Yes

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## Form Schedule

**Lead Form Number:** SA1230

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	SA1230	Advertising	"We Can Help" Institutional Ad	Initial		0	SA1230 6-6-08.pdf
Filed-Closed	LTC4403	Advertising	"Don't Do it Yourself" Institutional Ad	Initial		0	LTC4403.pdf

## LONG TERM CARE INSURANCE

We can help you get access to the answers you need about protecting your well-being.



*Let us help.*



## LONG TERM CARE INSURANCE

# Plan now – for you and your loved ones.

The need for long term care can happen to anyone...at any time. It could be you, your spouse, a parent, or even a sibling. Normally the need for long term care results from a lengthy, chronic illness. However, something as unexpected as an accident or injury could trigger the need for long term care.

**Americans are living longer than ever before. Someone aged 65 today is expected to live to an average of 83.7 years of age.<sup>1</sup> At some point, you may experience an injury or illness that leads to a need for long term care.**

### *What is long term care?*

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

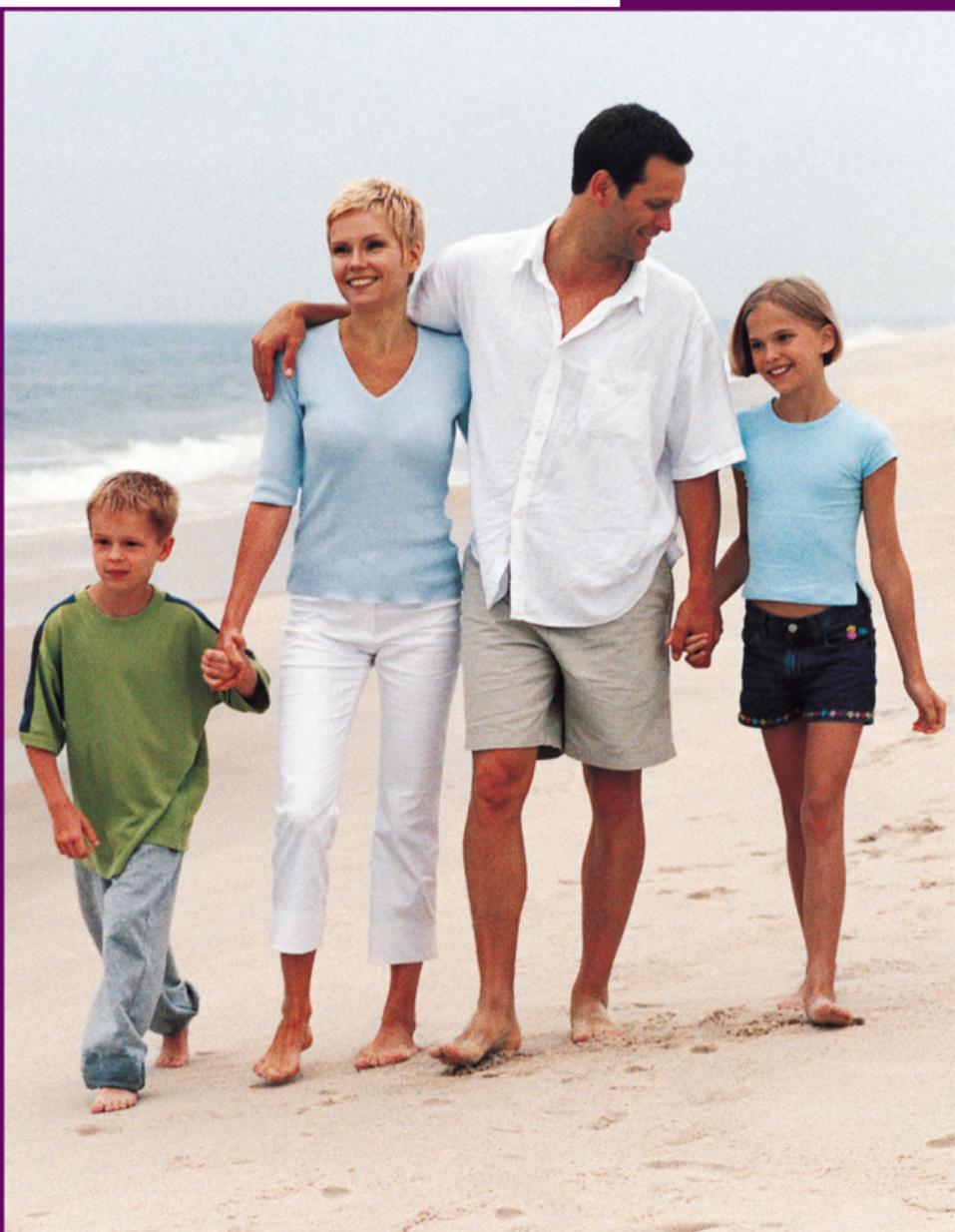
### *Why consider long term care insurance?*

Long term care insurance may help relieve the emotional and financial strains your family may experience while caring for you. And, it may give you peace of mind knowing that you have a plan in place to help protect your assets, preserve your estate, and retain more control

and choice over your future care. In addition, premiums paid by an individual for a tax qualified policy are treated as an itemized medical expense for tax purposes, subject to certain limits. Benefits paid are generally not considered part of taxable income.

1 "Health, United States, 2006 with Chartbook on Trends in the Health of Americans." U.S. Department of Health and Human Services. September 2006.

*Continued on back* >>



## LONG TERM CARE INSURANCE

Get the information you need to make an informed decision about your options for long term care insurance.

***Call or stop in to speak to a financial professional today.***



[COMPANY NAME]  
[ADDRESS LINE 1]  
[ADDRESS LINE 2]  
[CITY ST 00000-0000]  
[PHONE]  
[E-MAIL @FINSVCS.COM]

The products and services featured in this brochure are offered through an affiliation with a local Massachusetts Mutual Life Insurance (MassMutual) Agency.

The purpose of this material is solicitation of insurance and an agent may contact you.



## Don't Do-It-Yourself

Families and loved ones are often unable to perform, or are ill prepared to provide all of the care and support typically required when a long term care need arises. To find out more about long term care and the options available to you, attend our no obligation seminar:

Date: [Fillable]

Place: [Fillable]

Time: [Fillable]

To reserve your space or for additional information about Long Term Care insurance, contact us at the [Northeastern Pennsylvania Agency, 1234 Anystreet, Anytown, USA 12345. 555-1111.]



We'll help you get there.™

Long Term Care Insurance policies issued by **Massachusetts Mutual Life Insurance Company (MassMutual)**, Springfield MA 01111-0001. For costs and further details of coverage, including exclusions, reductions or limitations and terms under which a policy may be continued in force, please contact your agent or MassMutual at (800) 272-2216 (option 4) to be referred to an agent in your area. **The purpose of this material is the solicitation of insurance and an agent may contact you.**

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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.

LTC4403

CRN201005-104093

**CONSUMER/Seminar  
"Don't-do-it-yourself"  
Ad #310**

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Filed-Closed 07/24/2008  
**Comments:**  
**Attachment:**  
AR Cover 6-9-08.pdf

**Satisfied -Name:** NAIC Transmittal **Review Status:** Filed-Closed 07/24/2008  
**Comments:**  
**Attachment:**  
Transmittal - Arkansas - NAIC.pdf



June 9, 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.

**SA1230**  
**LTC4403**

**“We Can Help” Institutional Ad**  
**“Don’t Do it Yourself” Institutional Ad**

Dear Mr. Shearer,

The enclosed advertising materials are being submitted for your review and approval. These pieces are intended to be “institutional advertising” regarding long term care coverage.

Please note that with regard to SA1230, this form is a Private Label advertisement. We wish to make this form available to producers as a service, knowing that they will not always propose a MassMutual product. This service enables them to provide materials that are fair and balanced and comply with the NAIC Model advertising regulations applicable to non-product specific materials.

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

Sincerely,

A handwritten signature in black ink that reads 'Michael Lewis'.

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

Attachment

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

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	
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<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>	
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<b>7.</b>	<input type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	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		
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<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 _____	
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<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 _____	

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