

SERFF Tracking Number: NYLX-125491029 State: Arkansas  
Filing Company: New York Life Insurance Company State Tracking Number: 38202  
Company Tracking Number: LTCAR0022501A01  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: CP Adv Natl Cons - Prod Spec  
Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0022501A01

## Filing at a Glance

Company: New York Life Insurance Company  
Product Name: CP Adv Natl Cons - Prod Spec SERFF Tr Num: NYLX-125491029 State: ArkansasLH  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 38202  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTCAR0022501A01 State Status: Filed-Closed  
Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer  
Author: SPI NewYorkLifeInsCoLTC Disposition Date: 07/17/2008  
Date Submitted: 02/16/2008 Disposition Status: Filed-Closed  
Implementation Date Requested: 03/17/2008 Implementation Date:  
State Filing Description:

## General Information

Project Name: CP Adv Natl Cons - Prod Spec Status of Filing in Domicile:  
Project Number: LTCAR0022501A01 Date Approved in Domicile:  
Requested Filing Mode: File & Use 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: 07/17/2008  
State Status Changed: 07/17/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
February 14, 2008

Mr. John Shields  
Officer in Charge of Health Compliance  
Life and Health Division  
Arkansas Department of Insurance  
1200 West Third St.  
Little Rock, AR 72201-1904

*SERFF Tracking Number:* NYLX-125491029                      *State:* Arkansas  
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*Project Name/Number:* CP Adv Natl Cons - Prod Spec/LTCAR0022501A01

Re: New York Life Insurance Company  
NAIC # 826-66915; FEIN # 13-5582869  
Long-Term Care Advertising Form Number: 364413CV

Dear Mr. Shields,

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

We consider this advertisement an invitation to inquire about long-term care insurance. The form is a ghost written article that will be used by agents as publicity and informational handout available to prospects, clients and the general public.

Certain information has been bracketed as variable such as statistical information and related source, Agents Name and Agents Phone Number.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes  
Sr. Contract and Compliance Associate

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Attachment(s)

## Company and Contact

### Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance sbyrnes@newyorklifeltc.com  
 Associate  
 6200 Bridge Point Parkway Suite 400 (512) 703-5555 [Phone]  
 Austin, TX 78730-5006 (512) 703-5564[FAX]

### Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
6200 Bridge Point Parkway Suite 400	Group Code: 826	Company Type:
Austin, TX 78730	Group Name:	State ID Number:
(512) 703-5555 ext. [Phone]	FEIN Number: 13-5582869	
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5990379915	\$25.00	02/08/2008

SERFF Tracking Number: NYLX-125491029 State: Arkansas  
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Project Name/Number: CP Adv Natl Cons - Prod Spec/LTCAR0022501A01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/17/2008	07/17/2008

*SERFF Tracking Number:* NYLX-125491029      *State:* Arkansas  
*Filing Company:* New York Life Insurance Company      *State Tracking Number:* 38202  
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## **Disposition**

Disposition Date: 07/17/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLX-125491029 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>	AR Cvr Ltr, AR FeeSchForm, AR Naic Trans	Filed-Closed	Yes
<b>Form</b>	Ghostwritten Article-Myths of LTC	Filed-Closed	Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	364413CV	Advertising	Ghostwritten Article-Myths of LTC	Initial		0	364413CV.PDF

## The Myths about Long-Term Care

Long-term care issues have been everywhere in the news lately – from stories of people needing these services to how the government is responding. But there is also a lot of conflicting, and even mistaken, information. Misconceptions may have prevented you from including long-term care planning into your retirement portfolio. But long-term care planning can be a critical component to any comprehensive retirement plan. So now is the time to dispel these myths.

### **Myth #1: I'll never need long-term care.**

Most people can't imagine themselves needing long-term care services. But, the U.S. Department of Health and Human Services indicates that people age 65 face at least a [40% lifetime risk of entering a nursing home sometime during their lifetime<sup>1</sup>]. Living a long life may increase your risk of needing long-term care. Isn't it better to insure against what that risk may do to your family and your financial plans?

### **Myth #2: Long-term care is only for the elderly.**

Actually, a surprising amount of long-term care services are provided to younger people. The U.S. Government Accountability Office estimates that [40% of 13 million people receiving long-term care services are between the ages 18 and 64<sup>2</sup>]. The unexpected need for long-term care could arise at any age for any number of reasons, including illness, or an accident.

### **Myth #3: I'll pay for my own long-term care.**

In [2007], nursing home costs averaged over [\$76,000] a year nationally, but in some regions these costs are sometimes twice that amount<sup>3</sup>. How long can you pay for these expenses without jeopardizing your financial plan or exhausting your savings? It may make good sense to transfer this financial risk just like you do with your homeowner's insurance or auto insurance. Even if you can afford to pay for long-term care services out of pocket, why would you want to when you can transfer the cost to an insurer for premiums that may total a fraction of the cost of care?

### **Myth #4: Medicare will cover my long-term care expenses.**

Medicare does pay for nursing home care, but only for a maximum of 100 days and if the 3-day qualifying hospital stay requirement has been met. In addition, Medicare will only pay as long as you are showing progress towards recovery. Once your condition becomes stable, even if you are not fully well or back to a completely healthy state of being, Medicare rules indicate that benefits will stop. Also, Medicare does not pay for individuals to attend an adult day care or for the room & board expenses at an assisted living facility.

### **Myth #5: Medicaid will cover my long-term care expenses**

Medicaid was developed partially to cover long-term care costs for Americans of any age who need help paying for those services. Medicaid is currently the largest payer of long-term care costs in the United States, primarily for care in nursing homes. However, Medicaid focuses on helping people with limited or minimal income and assets, and in order to qualify for benefits, you have to demonstrate a financial need for help. Qualifying means spending nearly all of your own money on your own care before the government will step in to help.

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<sup>1</sup> [Health Insurance Association of America. A Guide to Long-Term Care Insurance. 2007. Page 3.]

<sup>2</sup> [Health Insurance Association of America. A Guide to Long-Term Care Insurance. 2007. Page 3.]

<sup>3</sup> New York Life Insurance Company. Survey of Nursing Home Costs. [2007].

**Myth #6: My family will take care of me.**

The financial, physical and emotional stress that full-time care-giving may place on families can be overwhelming. Many families have struggled to provide care for parents or siblings only to eventually realize that the care required is more than they can provide. The truth is, sometimes the best way for a family to take care of a loved one needing long-term care is to make sure that they have access to professional care. With the advances in home care services, many people needing long-term care are actually able to stay at home, with or near families, and still get the professional care they need.

**Myth #7: Long-term care insurance covers only nursing homes.**

Everyone wants to stay at home. Long-term care insurance can offer valuable benefits that may keep you at home for as long as possible. Long-term care insurance can also help cover the cost of care in other locations, such as adult day care centers, assisted living facilities and hospice care.

With long life comes long-term planning. Make a plan for you and your family today. For more information on long-term care insurance, please contact [Agent Name,] Agent, New York Life Insurance Company at [Agent Phone Number].

The purpose of this piece is solicitation of insurance. An insurance producer (agent) may contact you. New York Life Insurance Company long-term care insurance is issued on policy form series ILTC-5000 and INH-5000 with a state identifier and edition date. Example: Examples: for Idaho ILTC-5000 (ID) (1001) and INH-5000 (ID) (1001) and for North Carolina ILTC-5000 (NC) (1001) (Rev. 0606) and INH-5000 (NC) (1001) (Rev. 0606) and for Pennsylvania ILTC-5000 (PA) (1001), FLTC-5000 MLP (PA) (0503), for Tennessee ILTC-5000 (TN) (1001) and INH-5000 (TN) (1001) and for Texas ILTC-5000 (TX) (0305) and INH-5000 (TX) (0305). New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** AR Cvr Ltr, AR FeeSchForm, AR  
Naic Trans

**Review Status:**

Filed-Closed

07/17/2008

**Comments:**

**Attachments:**

AR Cvr Ltr.PDF

AR FeeSchForm.PDF

AR Naic Trans.PDF



**New York Life Insurance Company**

*Long-Term Care Division*

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800--723-5555 x 5584

Fax: 512-703-5564

E-mail: [sbyrnes@newyorklifeltc.com](mailto:sbyrnes@newyorklifeltc.com)

[www.newyorklifeltc.com](http://www.newyorklifeltc.com)

**Susan Byrnes**

Senior Contracts and Compliance Associate

February 14, 2008

Mr. John Shields  
Officer in Charge of Health Compliance  
Life and Health Division  
Arkansas Department of Insurance  
1200 West Third St.  
Little Rock, AR 72201-1904

Re: New York Life Insurance Company  
NAIC # 826-66915; FEIN # 13-5582869  
Long-Term Care Advertising Form Number: 364413CV

Dear Mr. Shields,

The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.

We consider this advertisement an invitation to inquire about long-term care insurance. The form is a ghost written article that will be used by agents as publicity and informational handout available to prospects, clients and the general public.

Certain information has been bracketed as variable such as statistical information and related source, Agents Name and Agents Phone Number.

We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes  
Sr. Contract and Compliance Associate

Attachment(s)



ARKANSAS INSURANCE DEPARTMENT

Mike Pickens
Commissioner

1200 West Third Street
Little Rock, AR 77201-1904
1-501-371-2600
1-800-282-9134
Fax 1-501-371-2618

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: New York Life Insurance Company

Company NAIC Code: 66915

Company Contact Person & Telephone # Marryjo Ortiz, 1-800-723-5555, ext. 5532

INSURANCE DEPARTMENT USE ONLY

ANALYST: AMOUNT: ROUTE SLIP:

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and /or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. \* x\$ 50= \*\*Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing per each insurer. \* x\$ 50= \*\*Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. \* x\$ 20= \*\*Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. \* 1 x\$ 25=\$25.00 \*\*Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. \* x\$400=

Filing to amend Certificate of Authority. \*\* x\$100=

- \* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS AOUTLINED UNDER RULE AND REGULATION 57.
\*\* THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-65-102, RETALIATORY TAX.
\*\*\* THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401

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

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas					
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>	N/A					
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>			
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584	512-703-5575	<a href="mailto:sbyrnes@newyorklifeltc.com">sbyrnes@newyorklifeltc.com</a>			
<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" 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): _____					
<b>6.</b>	<b>Company Tracking Number</b>	364413CV					
<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____					
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <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>	LTC 03I Individual Long-Term Care					
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<u>LTC03L001 Qualified</u>					
<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <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 checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____ <b>SUPPORTING DOCUMENTATION</b> <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.	<b>Filing Submission Date</b>	February 14, 2008	
13.	<b>Filing Fee (If required)</b>	Amount <u>\$25.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	<b>Date of Domiciliary Approval</b>	N/A	
15.	<b>Filing Description:</b>		
<p>Re: New York Life Insurance Company          NAIC # 826-66915; FEIN # 13-5582869          Long-Term Care Advertising Form Number: 364413CV</p> <p>Dear Mr. Shields,</p> <p>The above-captioned form is being submitted for your approval. This form is new and does not replace any previously approved form.</p> <p>We consider this advertisement an invitation to inquire about long-term care insurance. The form is a ghost written article that will be used by agents as publicity and informational handout available to prospects, clients and the general public.</p> <p>Certain information has been bracketed as variable such as statistical information and related source, Agents Name and Agents Phone Number.</p> <p>We want to have the right to use this piece in other media as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p></p> <p>Susan Byrnes          Sr. Contract and Compliance Associate</p>			

16.	<b>Certification (If required)</b>		
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p>			
Print Name <u>Michael Francescone</u>		Title <u>VP &amp; Actuary</u>	
Original Signature 		Date <u>February 14, 2008</u>	

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	N/A	
<b>This filing corresponds to rate filing company tracking number</b>	N/A	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Ghostwritten Article-Myths Advertising	364413CV	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
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 _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
14			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
15			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
16			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
17			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
18			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
19			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
20			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
21			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
22			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
23			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N N/A N/A /A
24			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
25			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
26			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A

LH-FFA-2

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		N/A		
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)		N/A		
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 _____	N/A
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