

SERFF Tracking Number: LFCR-125755195 State: Arkansas
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 39824
Company Tracking Number: BG02E-CNF(04/07)
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: CareProvider
Project Name/Number: /

Filing at a Glance

Company: Berkshire Life Insurance Company of America

Product Name: CareProvider SERFF Tr Num: LFCR-125755195 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 39824
Sub-TOI: LTC03I.001 Qualified Co Tr Num: BG02E-CNF(04/07) State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Marie Bennett, Harris Shearer
Authors: Smith Darlene, Trudy Weigel Disposition Date: 08/22/2008
Date Submitted: 08/01/2008 Disposition Status: Approved
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: 08/22/2008
State Status Changed: 08/22/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
July 30, 2008

RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA - NAIC # 71714

Tax-Qualified Long Term Care form filing, for use with Policy BG01P(06/04)-AR et al Approved April 28, 2004

BG02E-CNF(04/07) Contingent Benefit Upon Lapse Endorsement for Limited Pay Policy

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BG02N-PRI(04/07) Potential Rate Increase Disclosure (revised and replaces BG01N-PRI(06/04)
BG01E-RED(04/07) Lowering Premiums by Reducing Benefits Endorsement
BG01N-LTC (04/07) Things You Should Know Before You Buy Long-Term Care Insurance (revised and replaces
BG01N-SUT(06/04)

In compliance with Regulation 13, effective January 1, 2009, we are filing the above-listed forms for your review and approval. These forms will be used with the above-listed long term care policy filings.
Forms BG02E-CNF(04/07), Contingent Benefit Upon Lapse Endorsement provides the required nonforfeiture if the applicant selects the 10-Pay or Paid-up at 65 premium payment option. Form BG01N-LTC(04/07), Things You Should Know Before You Buy Long Term Care Insurance will be given to each prospective applicant. BG02N-PRI(04/07), Potential Rate Increase Disclosure Form, will be given to all prospective applicants and will advise them that the premiums may be increased in the future. Form BG01E-RED(04/07), Lowering Premiums by Reducing Premiums Endorsement, allows the insured to reduce the premium on the policy by reducing the daily or maximum benefit amount.

Sincerely,

Amy Ota
Compliance Analyst

Company and Contact

Filing Contact Information

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

Amy Ota, Compliance Analyst 2 amy.ota@lifecareassurance.com
P.O. Box 4243 (818) 867-2324 [Phone]
Woodland Hills, CA 91365-4243 (818) 867-2508[FAX]

Filing Company Information

Berkshire Life Insurance Company of America CoCode: 71714 State of Domicile: Massachusetts
Long Term Care Administrative Office Group Code: 429 Company Type:
P.O. Box 4243
Woodland Hills, CA 91365-4243 Group Name: State ID Number:
(818) 867-2450 ext. [Phone] FEIN Number: 75-1277524

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Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkshire Life Insurance Company of America	\$0.00	08/01/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0152632	\$300.00	08/01/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	08/22/2008	08/22/2008

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Disposition

Disposition Date: 08/22/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Product Name: CareProvider
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Contingent Benefit Upon Lapse		Yes
Form	Endorsement for Limited Pay Policy		
Form	Potential Rate Increase Disclosure (revised and replaces BG01N-PRI(06/04))		Yes
Form	Lowering Premiums by Reducing Benefits Endorsement		Yes
Form	Things You Should Know Before You Buy Long-Term Care Insurance (revised and replaces (BG01N-SUT(06/04))		Yes

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Form Schedule

Lead Form Number: BG02E-CNF(04/07)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	BG02E-CNF(04/07)	Policy/Cont	Contingent Benefit ract/Fratern Upon Lapse al Endorsement for Certificate: Limited Pay Policy Amendmen t, Insert Page, Endorseme nt or Rider	Initial			BG02E-CNF(04-07).pdf
	BG02N-PRI(04/07)	Other	Potential Rate Increase Disclosure (revised and replaces BG01N-PRI(06/04)	Initial			BG02N-PRI(04-07).pdf
	BG01E-RED(04/07)	Policy/Cont	Lowering Premiums ract/Fratern by Reducing Benefits al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			BG01E-RED(04-07).pdf
	BG01N-LTC(04/07)	Other	Things You Should Know Before You Buy Long-Term Care Insurance (revised and replaces (BG01N-SUT(06/04)	Initial			BG01N-LTC(04-07).pdf

Berkshire Life Insurance Company of America

Home Office: Pittsfield, Massachusetts
Long Term Care Administrative Office
Post Office Box 4243
Woodland Hills, CA 91365-4243
888-505-8743

**CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT
(Limited Premium Payment Policy)**

This endorsement is attached to and made part of the Policy as of the Effective Date.

Contingent Benefit Upon Lapse

If we:

- (a) increase the premium rates under the Policy, which results in a cumulative increase of the annual premium equal to or exceeding the percentage of your initial annual premium, as set forth in the table below; and
- (b) the Policy lapses as described in the Grace Period and Unintentional Lapse provision of the Policy within 120 days of the due date for the payment of the increased premium; and
- (c) the ratio of the number of months you have already paid premium is 40% or more than the number of months you originally agreed to pay; then
- (d) the following options will become available under the Policy:
 - A. The Benefit Amount shown on the Policy Schedule page of the Policy may be reduced. This may be accomplished by either reduction of the Daily Benefit or Benefit Period, (subject to the availability of either one), to provide for a Benefit Amount that the current premium payable under the Policy will purchase. Reduction of the Benefit Amount will not be subject to evidence of insurability; or
 - B. The Policy may be converted to a paid-up status and the total lifetime Benefit Amount for your reduced paid up Policy will be determined by multiplying 90% of the lifetime Benefit Amount, available at the time the Policy becomes paid-up, by the ratio of the number of months you have already paid premiums under the Policy, to the number of months you agreed to pay them at time of application.

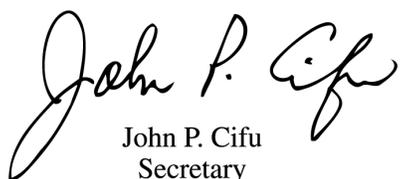
The Daily Benefit Amount shown on the Policy Schedule page of your Policy will also be adjusted by the same ratio described above.

(over)

If you purchased a Policy with a lifetime Benefit Amount, only the Daily Benefit Amount shown on the Policy Schedule page of the Policy will be adjusted by the applicable ratio.

Triggers for a Substantial Premium Increase	
Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

Executed for the Company at its Home Office in Pittsfield, Massachusetts.



John P. Cifu
Secretary



Joan Bancroft
President

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**LONG TERM CARE INSURANCE
POTENTIAL RATE INCREASE DISCLOSURE FORM**

1. **Premium Rate:** The premium rate that is applicable to you and the coverage you have applied for is shown on the application.

2. **The premium for the policy and any riders that are issued to you will be shown on the Policy Schedule of your policy. This rate will be in effect unless and until the Company requests a premium rate increase and it is approved by the state in which your policy was issued.**

3. **Rate Schedule Adjustments:**

Premium rate or rate schedule adjustments will be effective on the next anniversary date following the date the state approves a rate increase.

4. **Potential Rate Revisions:**

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture option.* (This option may be available to you if you do not purchase a separate nonforfeiture option.)

***Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long term care coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy.)

Contingent Nonforfeiture

**Cumulative Premium Increase Over Initial Premium
That Qualifies for Contingent Nonforfeiture**

(Percentage Increase is cumulative from the date of original
issue. It does NOT represent a one-time increase)

<u>Issue Age</u>	<u>Percent Increase Over Initial Premium</u>
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%

In addition to the contingent nonforfeiture benefits described above, the following reduced "paid-up" contingent nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your policy. If both the reduced "paid up" benefit AND the contingent benefit described above are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for the reduced "paid up" contingent nonforfeiture benefit when all three conditions shown below are met:

1. The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the chart below;

Triggers for a Substantial Premium Increase	
Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying your premiums within 120 days of when the premium increase took effect; AND
3. The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced "paid-up" status. That means there will be no additional premiums required. Your benefits will change in the following ways:

- a. The total lifetime amount of benefits your reduced paid up policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the policy becomes paid up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.
- b. The daily benefit amounts you purchased will also be adjusted by the same ratio.

If you purchased lifetime benefits, only the daily benefit amounts you purchased will be adjusted by the applicable ratio.

Example:

- You bought the policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your "paid-up" policy benefits are .45 (.90 times .50) times the total benefit amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced "paid-up" policy.

Berkshire Life Insurance Company of America

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LOWERING PREMIUMS BY REDUCING BENEFITS ENDORSEMENT

This endorsement is attached to and made part of the Policy as of the Effective Date.

Lowering Premiums by Reducing Benefits

You have the option to reduce your premiums under your current coverage, subject to benefit availability, by selecting one of the following options:

- reducing the Benefit Amount shown on the Benefit Schedule; or
- reducing the Daily Benefit shown on the Benefit Schedule.

The premium rate for your reduced coverage will be based upon your age on the date your Policy was originally issued and the premium rate in effect on the date the Benefit Amount or Daily Benefit is reduced.

In the event your Policy is about to lapse due to nonpayment of premium, we will notify you of the options described above, which will become available to you in order to reduce your coverage. This notice will be sent to you at least 30 days before your Policy is cancelled for nonpayment of premium.

Executed for the Company at its Home Office in Pittsfield, Massachusetts.



John P. Cifu
Secretary



Joan Bancroft
President

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Things You Should Know Before You Buy Long-Term Care Insurance

- Long-Term Care Insurance**
 - A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.
 - You should **not** buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.
 - The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.
- Medicare**
 - Medicare does **not** pay for most long-term care.
- Medicaid**
 - Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should **not** buy this policy if you are now eligible for Medicaid.
 - Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.
 - When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.
 - Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.
- Shopper's Guide**
 - Make sure the insurance company or agent gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long-Term Care Insurance." Read it carefully. If you have decided to apply for long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.
- Counseling**
 - Free counseling and additional information about long-term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.
- Facilities**
 - Some long-term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased their long-term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 07/30/2008
Comments:
Attachment:
AR CERTIFICATION OF COMPLIANCE ao.pdf

Review Status:
Bypassed -Name: Application 07/30/2008
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: Outline of Coverage 07/30/2008
Bypass Reason: N/A
Comments:

CERTIFICATION OF COMPLIANCE

Insurer: _____

The company has reviewed the enclosed policy form(s) and certified that they comply with the provision of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature:  _____

Name: _____

Title: _____

Date: _____