

SERFF Tracking Number: NYLX-125750798 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 39781
Company Tracking Number: LTCAR0019801F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: ILTC-5000 Select Premier
Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Filing at a Glance

Company: New York Life Insurance Company

Product Name: ILTC-5000 Select Premier

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: NYLX-125750798

SERFF Status: Closed

Co Tr Num: LTCAR0019801F01

Co Status:

Author: SPI NewYorkLifeInsCoLTC

Date Submitted: 07/28/2008

State: ArkansasLH

State Tr Num: 39781

State Status: Filed-Closed

Reviewer(s): Marie Bennett, Harris Shearer

Disposition Date: 08/14/2008

Disposition Status: Filed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: ILTC-5000 Select Premier

Project Number: LTCAR0019801F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/14/2008

State Status Changed: 08/14/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

RE: New York Life Insurance Company

NAIC # 66915 FEIN # 13-5582869

Arkansas Long-Term Care Insurance Partnership Program

Long-Term Care Insurance Policy ILTC-5000 (AR) (1001) 08-13-02

Nursing Home & Assisted Care Living Facility Insur. Policy INH-5000 (AR) (1001) 08-13-02

SERFF Tracking Number: NYLX-125750798 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 39781
Company Tracking Number: LTCAR0019801F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: ILTC-5000 Select Premier
Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

To Whom It May Concern:

Due to Arkansas Rule 94,§ 8, we are filing a Partnership Certification Form for the policies noted above and submitted for partnership qualification. The forms submitted for partnership qualification have been previously filed and approved by your department.

All riders, endorsements, applications and any other forms that are attached to and made a part of the policy are listed on the attached sheet and will be used, as appropriate, for a partnership policy.

At the time of solicitation, the Solicitation Disclosure Form will be provided. This form uses Arkansas Appendix A language, with the exception of the addition of the New York Life header and a unique form number ALTC-5092 (AR) (0708) for administration purposes.

A partnership policy issued for delivery in Arkansas will also be accompanied by the Policy Disclosure Form, ALTC-5090 (AR) (0708). This form uses Arkansas Appendix B language, with the exception of the addition of the New York Life header and a unique form number for administration purposes.

All policies issued on or after the date we introduce the Arkansas Long Term Care Insurance Partnership Program to our field force with one of the inflation protection options in the below chart will be considered a qualified Partnership policy.

Issued Ages Inflation Options

18-60 · 5% Compound Inflation· 4% Compound Inflation· 3% Compound Inflation· CPI-U, CPI-U+1 and CPI-U+2
Compound Inflation Offer· CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation

61-75 · 5% Compound Inflation · 4% Compound Inflation · 3% Compound Inflation · 6% Simple Inflation· 5% Simple
Inflation· 4% Simple Inflation· 3% Simple Inflation· CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer· CPI-U, CPI-
U+1 and CPI-U+1 Automatic Compound Inflation

76 and above All inflation riders that have been approved by your Department.

In order for a policy to be a qualified partnership policy, an applicant between the ages of 18 -75 who elects one of the CPI-U annual compound offer riders, forms ALTC-5032 (1001), ALTC-5033 (1001), ALTC 5034 (1001), approval dates

SERFF Tracking Number: NYLX-125750798 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 39781
Company Tracking Number: LTCAR0019801F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: ILTC-5000 Select Premier
Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

shown on attached forms list, must also select the Automatically Elect [CPI-U], [CPI-U + 1] or [CPI-U + 2] Benefit Increase Offer Endorsement, form ALTC-5039 (0306) approval date shown on attached forms list. The endorsement, which is provided at no additional cost to insureds, allows for the selected CPI-U offer rider to be automatically accepted annually on the policy anniversary date. This endorsement is also available to insureds who request to exchange their current individual policy for a Partnership policy or insureds that were issued a policy between July 1, 2008 and the date we initiate sales of State Partnership Long-Term Care policies and have accepted all offers.

As we are certifying the above forms for partnership qualification after the date of your State Plan Amendment, all policies issued on or after July 1, 2008 with benefits that would have qualified the policy as a partnership policy will be deemed to be a partnership policy.

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

If you have any questions or need additional information, please call toll-free 1-800-723-5555, ext 5524. Thank you for your assistance.

Company and Contact

Filing Contact Information

Jeanette Slabaugh, Sr Contracts & Compliance jslabaugh@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	

SERFF Tracking Number: NYLX-125750798 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 39781
Company Tracking Number: LTCAR0019801F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: ILTC-5000 Select Premier
Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Filing Fee for State Partnership
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	07/28/2008	21630979

SERFF Tracking Number: NYLX-125750798 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 39781
Company Tracking Number: LTCAR0019801F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: ILTC-5000 Select Premier
Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	08/14/2008	08/14/2008

SERFF Tracking Number: NYLX-125750798 *State:* Arkansas
Filing Company: New York Life Insurance Company *State Tracking Number:* 39781
Company Tracking Number: LTCAR0019801F01
TOI: LTC03I Individual Long Term Care *Sub-TOI:* LTC03I.001 Qualified
Product Name: ILTC-5000 Select Premier
Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Disposition

Disposition Date: 08/14/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLX-125750798 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number: 39781
 Company Tracking Number: LTCAR0019801F01
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: ILTC-5000 Select Premier
 Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	AR Filing Fee Form	Filed	Yes
Supporting Document	Arkansas Forms List	Filed	Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Certification/Notice	Filed	Yes
Supporting Document	Application		Yes
Supporting Document	Partnership Cover Letter	Approved	Yes
Supporting Document	NAIC Transmittal	Filed	Yes
Supporting Document	AR. Appendix C Partnership Certification	Filed	Yes
Form	Solicitation Disclosure Form	Filed	Yes
Form	Policy Disclosure Form	Filed	Yes

SERFF Tracking Number: NYLX-125750798 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number: 39781
 Company Tracking Number: LTCAR0019801F01
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: ILTC-5000 Select Premier
 Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Form Schedule

Lead Form Number: ALTC-5092 (AR) (0708)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	ALTC-5092 (AR) (0708)	Other	Solicitation Disclosure Form	Initial		0	ALTC-5092 (AR) (0708).PDF
Filed	ALTC-5090 (AR) (0708)	Other	Policy Disclosure Form	Initial		0	ALTC-5090 (AR) (0708).PDF



NEW YORK LIFE INSURANCE COMPANY, LONG-TERM CARE DIVISION

[6200 Bridge Point Pkwy, Suite 400
Austin, Texas 78730-5006]

**Solicitation Disclosure Form
Important Consumer Information Regarding the Arkansas
Long-term Care Insurance Partnership Program**

Some long-term care insurance policies sold in Arkansas may qualify for the Arkansas Long-term Care Insurance Partnership Program (the Partnership Program). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may protect the policyholder's assets through a feature known as "Asset Disregard," under Arkansas's Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy that is not a Partnership Policy. Therefore, you should consider whether Asset Disregard is important to you, and whether a Partnership Policy meets your needs. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

What are the Requirements for a Partnership Policy. In order for a policy to qualify as a Partnership Policy, it must, among other requirements:

- be issued to an individual after January 1, 2008;
- cover an individual who was an Arkansas resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under Section 7702(B)(b) of the Internal Revenue code of 1986;
- meet stringent consumer protection standards; and
- must provide annual inflation protection for ages 75 and younger.

If you apply and are approved for long-term care insurance coverage, New York Life Insurance will provide you with written documentation as to whether your policy qualifies as a Partnership Policy.

What Could Disqualify Your Policy as a Partnership Policy. Certain types of changes to a Partnership Policy could affect whether your policy continues to be a Partnership Policy. If you purchase a Partnership Policy and later decide to make any changes, you should first consult with New York Life Insurance to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that State. The information contained in this Notice is based on current Arkansas and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding long-term care insurance policies, please contact New York Life Insurance. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas [Department of Human Services].



NEW YORK LIFE INSURANCE COMPANY, LONG-TERM CARE DIVISION

[6200 Bridge Point Pkwy, Suite 400
Austin, Texas 78730-5006]

Policy Disclosure Form

**Important Information Regarding Your Policy's
Long-term Care Insurance Partnership Status**

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies sold in Arkansas qualify for the Arkansas Long-term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may be entitled to special treatment, and in particular an "Asset Disregard," under Arkansas's Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy that is **not** a Partnership Policy. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

Partnership Policy Status. Your long-term care insurance policy is intended to qualify as a Partnership Policy under the Arkansas Long-term Care Partnership Program as of your Policy's effective date.

What Could Disqualify Your Policy as a Partnership Policy. If you make any changes to your policy, such changes could affect whether your policy continues to be a Partnership Policy. **Before you make any changes, you should consult with New York Life Insurance to determine the effect of the proposed change.** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding your insurance policy, please contact New York Life. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas [Department of Human Services].

This form and all benefit statements received should be kept with your policy.

SERFF Tracking Number: NYLX-125750798 *State:* Arkansas
Filing Company: New York Life Insurance Company *State Tracking Number:* 39781
Company Tracking Number: LTCAR0019801F01
TOI: LTC03I Individual Long Term Care *Sub-TOI:* LTC03I.001 Qualified
Product Name: ILTC-5000 Select Premier
Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLX-125750798 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number: 39781
 Company Tracking Number: LTCAR0019801F01
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: ILTC-5000 Select Premier
 Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Supporting Document Schedules

Review Status:
Satisfied -Name: AR Filing Fee Form Filed 08/14/2008
Comments:
Attachment:
 AR Filing Fee Form.PDF

Review Status:
Satisfied -Name: Arkansas Forms List Filed 08/14/2008
Comments:
Attachment:
 Arkansas Forms List.PDF

Review Status:
Bypassed -Name: Certification/Notice Filed 08/14/2008
Bypass Reason: N/A
Comments:

Review Status:
Satisfied -Name: Partnership Cover Letter Approved 08/14/2008
Comments:
Attachment:
 Partnership Cover Letter.PDF

Review Status:
Satisfied -Name: NAIC Transmittal Filed 08/14/2008
Comments:
Attachment:
 NAIC Transmittal.PDF

Review Status:
Satisfied -Name: AR. Appendix C Partnership Certification Filed 08/14/2008

SERFF Tracking Number: NYLX-125750798 *State:* Arkansas
Filing Company: New York Life Insurance Company *State Tracking Number:* 39781
Company Tracking Number: LTCAR0019801F01
TOI: LTC03I Individual Long Term Care *Sub-TOI:* LTC03I.001 Qualified
Product Name: ILTC-5000 Select Premier
Project Name/Number: ILTC-5000 Select Premier/LTCAR0019801F01

Comments:

Attachment:

AR_ Appendix C Partnership Certification.PDF

Arkansas State Partnership Long-Term Care Forms List
Filed July 23, 2008

Form Number	Form Name	Approved Date	Batch #
Policies / Notices - These documents are the Policy and Notice that may be attached to the base policy. These forms will be used with the Individual and Multi-Life Program.			
ILTC-5000 (AR) (1001)	Long-Term Care Insurance Policy	08-13-02	None
INH-5000 (AR) (1001)	Nursing Home and Assistant Care Living Facility Only Insurance Policy	08-13-02	None
ALTC-5090 (AR) (0708)	Partnership Policy Disclosure Form This form will be used with both the Individual and Multi-Life Program.	New	
ALTC-5092 (AR) (0708)	Solicitation Disclosure Form This form will be used with both the Individual and Multi-Life Program.	New	
Riders - These documents are the Riders that may be attached to the base policy form either time at issue or at a later date. These forms may be used with both the Individual and Multi-Life Program.			
ALTC-5002 (1001)	5% Compound For Life Inflation Protection	08-13-02	None
ALTC-5036 (0306)	1%, 2%, 3% or 4% Compound Annually Increases for Life Inflation Protection Rider.	11-09-06	32906
ALTC-5003 (1001)	Simple Increases for Life 1%, 2%, 3%, 4%, 5% or 6%	08-13-02	None
ALTC-5032 (1001)	CPI-U Benefit Increase Offer Rider	08-13-02	None
ALTC-5033 (1001)	CPI-U + 1 Benefit Increase Offer Rider	08-13-02	None
ALTC-5034 (1001)	CPI-U + 2 Benefit Increase Offer Rider	08-13-02	None
ALTC-5037 (0306)	Automatically Compound Annual CPI-U Benefit Increase Rider.	11-09-06	None
ALTC-5030 (1001)	Couples Additional Benefit Rider	08-13-02	None
ALTC-5031 (1001)	Shared Care Rider	08-13-02	None
ALTC-5060 (AR) (0305)	Return of Premium Upon Death Benefit Rider	07-05-06	None

Arkansas State Partnership Long-Term Care Forms List
Filed July 23, 2008

Form Number	Form Name	Approved Date	Batch #
ALTC-5006 (1001)	Nonforfeiture Benefit Rider	08-13-02	None
ALTC-5019 (1001)	Contingent Nonforfeiture Benefit Rider	08-13-02	None
Policy Endorsements - These documents are the Policy Endorsements that may be attached to the base policy. These forms may be used with both the Individual and Multi-Life Program			
ALTC-5038 (0306)	CPI-U Benefit Increase Offer – One Percent Minimum Annually.	11-09-06	32906
ALTC-5039 (0306)	Automatically Elect CPI-U Benefit Increase Rider	11-09-06	32906
ALTC-5042 (0707)	Right to Reduce Benefits and Lower Premiums	07-17-08	36694
ALTC-5050 (AR) (0704)	Policy Dividends – Participating -	02-08-05	27720
Outline Of Coverage and Application forms Packet – These forms may be used within the application packet.			
ILTC-5201 (AR) (0306)	Outline of Coverage for Long-Term Care and Nursing Home and Assisted Care Living Facility Only Insurance.	11-09-06	32906
ILTC-5101 (AR) (0306)	Application for Long-Term Care and Assisted Care Living Facility Only Insurance	11-09-06	32906
ALTC-5902 (AR) (0906)	Things You Should Know Before You Buy Long-Term Care Insurance	09-29-06	None
ALTC-5020 (0305)	Long-Term Care Insurance Potential Rate Increase Disclosure	05-15-06	None
ALTC-5901 (0305)	Long-Term Care Insurance Personal Worksheet	05-15-06	None
ILTC-5015 COC (0305)	Notice to Applicant Regarding Replacement of Accident and Sickness or Long-Term Care Insurance or Nursing Home Insurance (Returned to the Company)	05-15-06	None

Arkansas State Partnership Long-Term Care Forms List

Filed July 23, 2008

Form Number	Form Name	Approved Date	Batch #
ILTC-5015 APPC (0305)	Notice to Applicant Regarding Replacement of Accident and Sickness or Long-Term Care Insurance or Nursing Home Insurance (Retained by the Applicant/Spouse)	05-15-06	None
ILTC-5102 (0305)	Conditional Receipt	05-15-06	None
ILTC-5101-PC (0305)	Producer Statement and Certification	05-15-06	None
ALTC-5010 (0305)	Producer's Report	05-15-06	None
LTCHIPAAAuth (0403)	Applicant HIPAA Authorization to Release Medical Information. This form will be used with both the Individual and Multi-Life Program.	05-15-06	None
Administrative Documents - These documents are a variety of documents, which are used to accomplish specialized functions in the administration of the policies either at the time of issue or at some time later in the life of the contract. These forms may be used with the Individual and Multi-Life Program.			
ALTC-5013 (AR) (1001)	Supplemental Health Statement	08-13-02	None
ALTC-5185 (AR) (1001)	Application for Reinstatement	08-13-02	None
LTC 910 (0304)	Policy Delivery Receipt	05-27-04	None

Arkansas Multi-Life Program State Partnership Long-Term Care Forms List
Filed July 23, 2008

Form Number	Form Name	Approval Date	Batch
Application Packet Forms – These are the forms that may be included in the application packet for the Federal Partnership Long-Term Care Multi-Life Program.			
ILTC-5201 MLP (AR) (0306)	Outline of Coverage for Long-Term Care and Nursing Home and Assisted Care Living Facility Only Insurance	11-09-06	32906
ILTC-5101 MLP-SF (AR) (0306)	Application for Long-Term Care/ Nursing Home and Assisted Care Living Facility Only Insurance (Short-Form Application)	11-09-06	32906
ILTC-5101 MLP-LF (AR) (0306)	Application for Long-Term Care/ Nursing Home and Assisted Care Living Facility Only Insurance (Long-Form Application)	11-09-06	32906
ALTC-5902 MLP (AR) (0906)	Things You Should Know Before You Buy Long-Term Care Insurance	09-29-06	None
ALTC-5020 MLP (0305)	Long-Term Care Insurance Potential Rate Increase Disclosure	05-15-06	None
ALTC-5901 MLP (0305)	Long-Term Care Insurance Personal Worksheet	05-15-06	None
ILTC-5015 MLP COC (0305)	Notice to Applicant Regarding Replacement of Accident and Sickness or Long-Term Care Insurance or Nursing Home Insurance (Returned to the Company)	05-15-06	None
ILTC-5015 MLP APPC (0305)	Notice to Applicant Regarding Replacement of Accident and Sickness or Long-Term Care Insurance or Nursing Home Insurance (Retained by the Applicant/Spouse)	05-15-06	None
ILTC-5102 MLP (0305)	Conditional Receipt	05-15-06	None
ILTC-5101-PC MLP (0305)	Producer Statement and Certification	05-15-06	None
ALTC-5010 MLP (0305)	Producer's Report	05-15-06	None
ILTC-5230 MLP (0305)	Payment Mode and Electronic Fund Transfer-to be used with the multi-life program short form (MLP-SF) application form	05-15-06	None



New York Life Insurance Company
Long-Term Care Division
 6200 Bridge Point Parkway, Suite 400
 Austin, Texas 78730-5006
 Bus: 800--723-5555 x 5524
 Fax: 512-703-5564
 E-mail: fcardon@newyorklifelife.com
www.newyorklifelife.com

Francine Cardon
 Director Contracts and Compliance

July 23, 2008

Dan Honey
 Life and Health Division
 Arkansas Insurance Department
 1200 West Third Street
 Little Rock, Arkansas 72201

RE: New York Life Insurance Company
 NAIC # 66915 FEIN # 13-5582869
 Arkansas Long-Term Care Insurance **Partnership Program**
Forms:

Coverage Type	Form Number	Date Approved for Use in Your State
Long-Term Care Insurance Policy	ILTC-5000 (AR) (1001)	August 13, 2002
Nursing Home and Assisted Care Living Facility Insurance Policy	INH-5000 (AR) (1001)	August 13, 2002

New Forms Filed for Approval	Form Number
Policy Disclosure Form	ALTC-5090 (AR) (0708)
Solicitation Disclosure Form	ALTC-5092 (AR) (0708)

To Whom It May Concern:

Due to Arkansas Rule 94,§ 8, we are filing a Partnership Certification Form for the policies noted above and submitted for partnership qualification. The forms submitted for partnership qualification have been previously filed and approved by your department.

All riders, endorsements, applications and any other forms that are attached to and made a part of the policy are listed on the attached sheet and will be used, as appropriate, for a partnership policy.

At the time of solicitation, the Solicitation Disclosure Form will be provided. This form uses Arkansas Appendix A language, with the exception of the addition of the New York Life header and a unique form number ALTC-5092 (AR) (0708) for administration purposes.

A partnership policy issued for delivery in Arkansas will also be accompanied by the Policy Disclosure Form, ALTC-5090 (AR) (0708). This form uses Arkansas Appendix B language, with the exception of the addition of the New York Life header and a unique form number for administration purposes.

All policies issued on or after the date we introduce the Arkansas Long Term Care Insurance Partnership Program to our field force with one of the inflation protection options in the below chart will be considered a qualified Partnership policy.

Issued Ages	Inflation Options
18-60	<ul style="list-style-type: none"> • 5% Compound Inflation • 4% Compound Inflation • 3% Compound Inflation • CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer • CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation
61-75	<ul style="list-style-type: none"> • 5% Compound Inflation • 4% Compound Inflation • 3% Compound Inflation • 6% Simple Inflation • 5% Simple Inflation • 4% Simple Inflation • 3% Simple Inflation • CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer • CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation
76 and above	All inflation riders that have been approved by your Department.

In order for a policy to be a qualified partnership policy, an applicant between the ages of 18 –75 who elects one of the CPI-U annual compound offer riders, forms ALTC-5032 (1001), ALTC-5033 (1001), ALTC 5034 (1001), approval dates shown on attached forms list, must also select the Automatically Elect [CPI-U], [CPI-U + 1] or [CPI-U + 2] Benefit Increase Offer Endorsement, form ALTC-5039 (0306) approval date shown on attached forms list. The endorsement, which is provided at no additional cost to insureds, allows for the selected CPI-U offer rider to be automatically accepted annually on the policy anniversary date. This endorsement is also available to insureds who request to exchange their current individual policy for a Partnership policy or insureds that were issued a policy between July 1, 2008 and the date we initiate sales of State Partnership Long-Term Care policies and have accepted all offers.

As we are certifying the above forms for partnership qualification after the date of your State Plan Amendment, all policies issued on or after July 1, 2008 with benefits that would have qualified the policy as a partnership policy will be deemed to be a partnership policy.

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

If you have any questions or need additional information, please call toll-free 1-800-723-5555, ext 5524. Thank you for your assistance.

Sincerely,


 Francine Cardon

Attachment(s)

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
N/A							
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Francine Cardon New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5524	512-703-5564	fcardon@newyorklifeltc.com			
5.	Requested Filing Mode	<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): _____					
6.	Company Tracking Number	Arkansas State Partnership Certification for ILTC-5000 (AR) (1001) et al, INH-5000 (AR) (1001) et al					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
8.	Market	<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: _____					
9.	Type of Insurance	LTC03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03I.001 Qualified</u>					
11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <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 checked="" type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <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.	Filing Submission Date	July 23, 2008	
13.	Filing Fee (If required)	Amount	\$50
		Retaliatory	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Check Date	_____
		Check Number	_____
14.	Date of Domiciliary Approval	N/A	

15.	Filing Description:								
	<p>T To Whom It May Concern:</p> <p>Due to Arkansas Rule 94, § 8, we are filing a Partnership Certification Form for the policies noted above and submitted for partnership qualification. The forms submitted for partnership qualification have been previously filed and approved by your department.</p> <p>All riders, endorsements, applications and any other forms that are attached to and made a part of the policy are listed on the attached sheet and will be used, as appropriate, for a partnership policy.</p> <p>At the time of solicitation, the Solicitation Disclosure Form will be provided. This form uses Arkansas Appendix A language, with the exception of the addition of the New York Life header and a unique form number ALTC-5092 (AR) (0708) for administration purposes.</p> <p>A partnership policy issued for delivery in Arkansas will also be accompanied by the Policy Disclosure Form, ALTC-5090 (AR) (0708). This form uses Arkansas Appendix B language, with the exception of the addition of the New York Life header and a unique form number for administration purposes.</p> <p>All policies issued on or after the date we introduce the Arkansas Long Term Care Insurance Partnership Program to our field force with one of the inflation protection options in the below chart will be considered a qualified Partnership policy.</p> <table border="1" data-bbox="311 779 1365 1276"> <thead> <tr> <th>Issued Ages</th> <th>Inflation Options</th> </tr> </thead> <tbody> <tr> <td>18-60</td> <td> <ul style="list-style-type: none"> • 5% Compound Inflation • 4% Compound Inflation • 3% Compound Inflation • CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer • CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation </td> </tr> <tr> <td>61-75</td> <td> <ul style="list-style-type: none"> • 5% Compound Inflation • 4% Compound Inflation • 3% Compound Inflation • 6% Simple Inflation • 5% Simple Inflation • 4% Simple Inflation • 3% Simple Inflation • CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer • CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation </td> </tr> <tr> <td>76 and above</td> <td>All inflation riders that have been approved by your Department.</td> </tr> </tbody> </table> <p>In order for a policy to be a qualified partnership policy, an applicant between the ages of 18 –75 who elects one of the CPI-U annual compound offer riders, forms ALTC-5032 (1001), ALTC-5033 (1001), ALTC 5034 (1001), approval dates shown on attached forms list, must also select the Automatically Elect [CPI-U], [CPI-U + 1] or [CPI-U + 2] Benefit Increase Offer Endorsement, form ALTC-5039 (0306) approval date shown on attached forms list. The endorsement, which is provided at no additional cost to insureds, allows for the selected CPI-U offer rider to be automatically accepted annually on the policy anniversary date. This endorsement is also available to insureds who request to exchange their current individual policy for a Partnership policy or insureds that were issued a policy between July 1, 2008 and the date we initiate sales of State Partnership Long-Term Care policies and have accepted all offers.</p> <p>As we are certifying the above forms for partnership qualification after the date of your State Plan Amendment, all policies issued on or after July 1, 2008 with benefits that would have qualified the policy as a partnership policy will be deemed to be a partnership policy.</p> <p>To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.</p> <p>If you have any questions or need additional information, please call toll-free 1-800-723-5555, ext 5524. Thank you for your assistance.</p>	Issued Ages	Inflation Options	18-60	<ul style="list-style-type: none"> • 5% Compound Inflation • 4% Compound Inflation • 3% Compound Inflation • CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer • CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation 	61-75	<ul style="list-style-type: none"> • 5% Compound Inflation • 4% Compound Inflation • 3% Compound Inflation • 6% Simple Inflation • 5% Simple Inflation • 4% Simple Inflation • 3% Simple Inflation • CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer • CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation 	76 and above	All inflation riders that have been approved by your Department.
Issued Ages	Inflation Options								
18-60	<ul style="list-style-type: none"> • 5% Compound Inflation • 4% Compound Inflation • 3% Compound Inflation • CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer • CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation 								
61-75	<ul style="list-style-type: none"> • 5% Compound Inflation • 4% Compound Inflation • 3% Compound Inflation • 6% Simple Inflation • 5% Simple Inflation • 4% Simple Inflation • 3% Simple Inflation • CPI-U, CPI-U+1 and CPI-U+2 Compound Inflation Offer • CPI-U, CPI-U+1 and CPI-U+1 Automatic Compound Inflation 								
76 and above	All inflation riders that have been approved by your Department.								

16.	Certification (If required)
------------	------------------------------------

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of Arkansas.

Print Name Michael Francescone Title VP & Actuary

Original Signature  Date July 23, 2008

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Arkansas LTC State Partnership Certification	Arkansas LTC State Partnership Certification	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02	Arkansas Nursing Home State Partnership Certification	Arkansas Nursing Home State Partnership Certification	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
03	Arkansas Policy Disclosure Form	ALTC-5090 (AR) (0708)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
04	Arkansas Solicitation Disclosure Form	ALTC-5092 (AR) (0708)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
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 _____	
15			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
16			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
17			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
18			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
20			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
21			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
22			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
23			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
24			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
25			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
26			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

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 _____	
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

APPENDIX C
ISSUER CERTIFICATION FORM
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, e.g., as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

New York Life Insurance, 6200 Bridge Point Parkway, Suite 400

Austin, TX 78730-5006 1-800-723-5555

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form.

Francine Cardon, Director, Contracts & Compliance 800-723-5555 x 5524

fcardon@newyorklifeltc.com

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

ILTC-5000 (AR) (1001), et al and INH-5000 (AR) (1001) et al

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on New York Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

July 23, 2008

Date

Michael Francescone, VP & Actuary

Name and title of officer of the Issuer



Signature of officer of the Issuer