

SERFF Tracking Number: LFPL-125937615 State: Arkansas
Filing Company: Sterling Life Insurance Company State Tracking Number: 41187
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Sterling Partnership Filing
Project Name/Number: /

Filing at a Glance

Company: Sterling Life Insurance Company

Product Name: Sterling Partnership Filing

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: LFPL-125937615

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Mary Boyden, Bill Conley

Date Submitted: 12/18/2008

State: ArkansasLH

State Tr Num: 41187

State Status: Filed-Closed

Reviewer(s): Marie Bennett

Disposition Date: 01/07/2009

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/07/2009

State Status Changed: 01/07/2009

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Please accept the enclosed filing on behalf of Sterling Life Insurance Company. A letter of filing authorization is attached. All correspondence should be addressed to LifePlans Inc. Please find a copy of Sterling Life Insurance Company's forms intended to meet the Partnership requirements.

Company and Contact

Filing Contact Information

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

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Mary Boyden, Filing Consultant mboyden@lifeplansinc.com
51 Sawyer Road (781) 893-7600 [Phone]
Waltham, MA 02453 (781) 893-6905[FAX]

Filing Company Information

Sterling Life Insurance Company CoCode: 77399 State of Domicile: Illinois
1000 N. Milwaukee Ave. 6th Floor Group Code: 317 Company Type:
Glenview, IL 60025 Group Name: State ID Number:
(360) 392-9251 ext. [Phone] FEIN Number: 13-1867829

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: \$20 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Life Insurance Company	\$40.00	12/18/2008	24614182

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	01/07/2009	01/07/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Marie Bennett	12/31/2008	12/31/2008	Mary Boyden	01/07/2009	01/07/2009
Industry Response						

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Disposition

Disposition Date: 01/07/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Authorization		Yes
Supporting Document	Issuer Certification Form		Yes
Form (revised)	Policy Disclosure Form		Yes
Form	Policy Disclosure Form		Yes
Form (revised)	Solicitation Disclosure Form		Yes
Form	Solicitation Disclosure Form		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/31/2008
Submitted Date 12/31/2008
Respond By Date 01/30/2009

Dear Mary Boyden,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy Disclosure Form (Form)
- Solicitation Disclosure Form (Form)

Comment: THE NAME OF THE INSURING COMPANY SHOULD BE INSERTED IN FORMS. CANNOT APPROVE WITH(ININSERT NAME OF CARRIER) NOR (CARRIER NAME.)

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/07/2009
Submitted Date 01/07/2009

Dear Marie Bennett,

Comments:

Response 1

Comments: We have revised forms LTCPDF-AR and LTCSDf-AR as requested.

Related Objection 1

Applies To:

- Policy Disclosure Form (Form)
- Solicitation Disclosure Form (Form)

Comment:

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THE NAME OF THE INSURING COMPANY SHOULD BE INSERTED IN FORMS. CANNOT APPROVE WITH(ININSERT NAME OF CARRIER) NOR (CARRIER NAME).)

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy Disclosure Form	LTCPDF-AR		Other	Revised			Policy Disclosure Form 12.31.08.pdf
Previous Version							
Policy Disclosure Form	LTCPDF-AR		Other	Initial			Policy Disclosure Form.pdf
Solicitation Disclosure Form	LTCSDF-AR		Other	Revised			Solicitation Disclosure Form 12.31.08.pdf
Previous Version							
Solicitation Disclosure Form	LTCSDF-AR		Other	Initial			Solicitation Disclosure Form.pdf

No Rate/Rule Schedule items changed.

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Sincerely,

Bill Conley, Mary Boyden

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTCPDF-AR	Other	Policy Disclosure Form	Revised	Replaced Form #: Previous Filing #:		Policy Disclosure Form 12.31.08.pdf
	LTCSDf-AR	Other	Solicitation Disclosure Form	Revised	Replaced Form #: Previous Filing #:		Solicitation Disclosure Form 12.31.08.pdf

Sterling Life Insurance Company

[Mercantile Exchange Building, 30 South Wacker Drive Chicago, IL 60606]

Administrative Offices/Customer Service

[P.O. Box 541203, Waltham, MA 02453-1203]

[(800) 603-9438]

Policy Disclosure Form Important Information Regarding Your Policy's [Certificate'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 [certificates] 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 [certificates] that qualify as Partnership Policies [Certificates] 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 [certificate holder's] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy [Certificates] 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 [Certificate] 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 [certificate] that is not a Partnership Policy [Certificate]. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

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

What Could Disqualify Your Policy [Certificate] as a Partnership Policy. If you make any changes to your policy [certificate], such changes could affect whether your policy [certificate] continues to be a Partnership Policy. ***Before you make any changes, you should consult with Sterling Life Insurance Company 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 [certificate] as a Partnership Policy [Certificate], you would not receive beneficial treatment of your policy [certificate] 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 [certificate] under Arkansas's Medicaid program.

Additional Information. If you have questions regarding your insurance policy [certificate] please contact Sterling Life Insurance Company. 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.

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Solicitation Disclosure Form
Important Consumer Information Regarding the
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Asset Disregard means that an amount of the policyholder's [certificate holder's] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy [Certificate] 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 [Certificate] 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 [certificate] that is not a Partnership Policy [Certificate]. 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 [Certificate]. In order for a policy [certificate] to qualify as a Partnership Policy [Certificate], 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, Sterling Life Insurance Company will provide you with written documentation as to whether your policy [certificate] qualifies as a Partnership Policy [Certificate].

What Could Disqualify a Policy [Certificate] as a Partnership Policy. Certain types of changes to a Partnership Policy [Certificate] could affect whether such policy [certificate] continues to be a Partnership Policy [Certificate]. If you purchase a Partnership Policy [Certificate] and later decide to make *any* changes, you should first consult with Sterling Life Insurance Company 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 [certificate] as a Partnership Policy [Certificate], you would not receive beneficial treatment of your policy [certificate] under the Medicaid program of that state. The information contained in this disclosure 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 [certificate] under Arkansas's Medicaid program.

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

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State Tracking Number: 41187

Company Tracking Number:

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Product Name: Sterling Partnership Filing

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice 12/09/2008
Bypass Reason: NA this is a filing of a previously approved policy form for partnership status.
Comments:

Review Status:
Bypassed -Name: Application 12/09/2008
Bypass Reason: NA for a partnership certification filing.
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 12/09/2008
Bypass Reason: NA for a partnership certification filing.
Comments:

Review Status:
Bypassed -Name: Outline of Coverage 12/09/2008
Bypass Reason: NA for a partnership certification filing.
Comments:

Review Status:
Satisfied -Name: Authorization 12/18/2008
Comments:
Attachment:
 Sterling Authorization.pdf

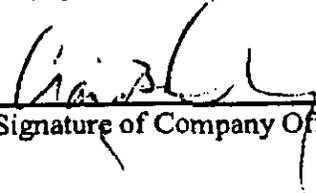
Review Status:
Satisfied -Name: Issuer Certification Form 12/18/2008
Comments:
Attachment:
 AR Issuer Certification.pdf

STERLING Life Insurance Company

DATE: February 14, 2008
TO: State Insurance Department
RE: Qualified Long-Term Care Insurance Filings

I hereby authorize our filing consultants, Kathleen Andrews, Tara Travers and Mary Boyden to communicate with the Insurance Department, review and submit rates, and receive information from the Department with respect to the Qualified Long-Term Care Insurance filing for Sterling Life Insurance Company.

Any questions concerning this authorization should be brought to my immediate attention.



Signature of Company Officer

Craig Bodway, Esq., Assistant Secretary
Name/Title

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:

Sterling Life insurance Company
Mercantile Exchange Building - 30 South Wacker Drive
Chicago, IL 60606

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:

Mary Boyden 51 Sawyer Rd. Ste. 340 Waltham, MA 02453
800-525-7279 Ext. 312 mboyden@lifeplanisnc.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):

LTCPOL-AR (03/06)

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

II. CERTIFICATIONS

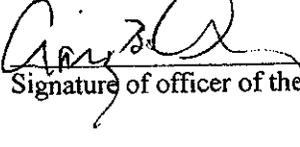
A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.

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 Sterling 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.

12/13/08
Date

Craig Bodway, Corporate Compliance Officer
Name and title of officer of the Issuer


Signature of officer of the Issuer

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Policy Disclosure Form	12/18/2008	Policy Disclosure Form.pdf
No original date	Form	Solicitation Disclosure Form	12/18/2008	Solicitation Disclosure Form.pdf

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Administrative Offices/Customer Service
[P.O. Box 541203, Waltham, MA 02453-1203]
[(800) 603-9438]

Policy Disclosure Form
Important Information Regarding Your Policy's [Certificate's]
Long-Term Care Insurance Partnership Status

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What Could Disqualify Your Policy [Certificate] as a Partnership Policy. If you make any changes to your policy [certificate], such changes could affect whether your policy [certificate] continues to be a Partnership Policy. ***Before you make any changes, you should consult with [insert name of carrier] 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 [certificate] as a Partnership Policy [Certificate], you would not receive beneficial treatment of your policy [certificate] 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 [certificate] under Arkansas's Medicaid program.

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

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