

SERFF Tracking Number: MULF-126338087 State: Arkansas
Filing Company: John Hancock Life Insurance Company State Tracking Number: 43741
Company Tracking Number:
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Suitability
Project Name/Number: /

Filing at a Glance

Company: John Hancock Life Insurance Company

Product Name: Suitability SERFF Tr Num: MULF-126338087 State: Arkansas
TOI: LTC03G Group Long Term Care SERFF Status: Closed-Approved State Tr Num: 43741
Sub-TOI: LTC03G.001 Qualified Co Tr Num: State Status: Closed
Filing Type: Form Reviewer(s): Harris Shearer
Author: Noah Rice Disposition Date: 11/16/2009
Date Submitted: 10/09/2009 Disposition Status: Approved
Implementation Date Requested: 10/10/2009 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: Informational Domicile Status Comments: We have filed this product in all states where we do business and in which we are required to file. We are confident that this long-term care submission complies with all applicable requirements in your state.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Overall Rate Impact: Group Market Type: Employer, Association, Trust
Filing Status Changed: 11/16/2009 Explanation for Other Group Market Type: State Status Changed: 11/16/2009
Deemer Date: Created By: Noah Rice
Submitted By: Noah Rice Corresponding Filing Tracking Number:

Filing Description:
We are filing this for informational purposes only. This form is based on the NAIC model regulation. The purpose of filing this form is to describe of a rate increase for a specific group of insureds under the Federal Long-Term Care Insurance Program, which is governed under federal law. Under Public Law 106-265, section 9005, the rate increase is not subject to state approval.

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Company and Contact

Filing Contact Information

Noah Rice, Sr. Contract Consultant nrice@jhancock.com
 200 Berkeley Street 617-572-4027 [Phone]
 Boston, MA 02117

Filing Company Information

John Hancock Life Insurance Company CoCode: 65099 State of Domicile: Massachusetts
 200 Berkeley Street Group Code: 904 Company Type: Long Term Care
 Insurance
 P O Box 111 Group Name: State ID Number:
 Boston, MA 02117 FEIN Number: 04-1414660
 (617) 572-5000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation: 75 per form in state of domicile - MA - \$75 per form x 2 = \$150.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company	\$150.00	10/09/2009	31182948

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	11/16/2009	11/16/2009

SERFF Tracking Number: *MULF-126338087* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company* *State Tracking Number:* *43741*
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TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Suitability*
Project Name/Number: */*

Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter		Yes
Form	Personal Worksheet		Yes
Form	Things You Should Know Before You Buy Long-Term Care Insurance		Yes

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Form Schedule

Lead Form Number: GLTC-SUIT(2010)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GLTC-SUIT(2010)	Other	Personal Worksheet	Initial		56.300	GLTC-SUIT(2010) - JHLICO.pdf
	GLTC-SUIT(2010)-1	Other	Things You Should Know Before You Buy Long-Term Care Insurance	Initial		51.600	GLTC-SUIT(2010)-1.pdf



Long-Term Care Insurance Suitability Form (Personal Worksheet)

NOTE: (All applicants must fill out this form. Employees and spouses may omit the Disclosure Statement section.)

People buy long-term care insurance for many reasons. Some don't want to use their own assets to buy long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care and don't want to go on Medicaid. But long-term care insurance may be expensive and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this coverage.

Premium Information:

The premium for the coverage you are considering will be determined from the premium rate schedules contained in your enrollment material, based on the options selected and your issue age.

Type of Coverage: Guaranteed Renewable

The Company's Right to Increase Premiums:

John Hancock Life Insurance Company has the right to increase premiums in the future, provided it raises rates for all certificates in the same class in this state.

Rate Increase History:

John Hancock has been selling group long-term care insurance since 1988. In 2010, John Hancock increased rates for the Federal Long Term Care Insurance Program (FLTCIP), which is the only rate increase we have implemented for group long-term care insurance. The amount of that rate increase was between 5% and 25%, and applied to FLTCIP insureds who were younger than age 70 when they applied for coverage and elected Automatic 5% Compound Inflation. This FLTCIP plan was sold between 2002 and 2009.

Questions Related to Your Income

1. How will you pay each year's premiums? (check one)
 - a. From my income
 - b. From my savings/investments
 - c. My family will pay

Have you considered whether you could afford to keep this coverage if the premiums were raised, for example, by 20%?
2. What is your annual income? (check one)
 - a. Under \$10,000
 - b. \$10-19,999
 - c. \$20-29,999
 - d. \$30-49,999
 - e. \$50,000 and over
3. How do you expect your income to change over the next 10 years? (check one)
 - a. No change
 - b. Increase
 - c. Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.
4. Will you buy inflation protection? (check one) Yes No

If not, have you considered how you will pay for the difference between future cost and your daily benefit amount?

 - a. From my income
 - b. From my savings/investments
 - c. My family will pay

The national average annual cost of care in [2007] was [\$74,806], but this figure varies across the country. In ten years the national annual cost would be about [\$121,851] if costs increase 5% annually.
5. What qualification or elimination period are you considering? (If optional; refer to enrollment materials)

Number of days _____. Approximate cost of your care \$ _____ for that period.
6. How are you planning to pay for your care during the qualification or elimination period? (check one)
 - a. From my income
 - b. From my savings/investments
 - c. My family will pay

Detach and return form with application



Questions Related to Your Savings and Investments

7. Not counting your home, what is the approximate value of all of your assets (savings and investments)? (check one)
- a. Under \$20,000 b. \$20,000-\$29,999 c. \$30,000-\$49,999 d. \$50,000 and over
8. How do you expect your assets to change over the next ten years? (check one)
- a. Stay about the same b. Increase c. Decrease

If you are buying this coverage to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

Disclosure Statement

<p><u>(Check One)</u></p> <p><input type="checkbox"/> The information provided accurately describes my financial situation.</p> <p>OR</p> <p><input type="checkbox"/> I choose not to complete this information.</p>	<p><input type="checkbox"/> <u>(This box must be checked)</u> I acknowledge that I have reviewed this form including the premium, premium rate history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this coverage may increase in the future.</p>
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Signature: _____

Date: _____

Please Print Name: _____

Note: In order for us to process your application, please return this signed statement to John Hancock, along with your application. The company may contact you to verify your answers. (As noted, employees and spouses need not sign or return this statement.)



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 your certificate and make sure you understand what it covers before you buy it.
- You should not buy this insurance 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 coverage 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 coverage 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.

Tennessee residents: Medicaid is referred to as TennCare. Your choice of long-term care services may be limited if you are receiving TennCare. To learn more about TennCare, contact the TennCare Bureau.

Shopper's Guide

- Make sure the insurance company 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 your certificate within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the coverage.

Counseling

- Free counseling and additional information about long-term care insurance is available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health 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 coverage. Read the certificate 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 coverage.

Group Long-Term Care Insurance is underwritten by John Hancock Life Insurance Company, Boston, MA 02117.

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification.pdf

Item Status:

Status

Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

AR cover letter.pdf

FLESCH SCORE CERTIFICATION

The undersigned, as officer of the John Hancock Life Insurance Company, hereby certifies that each form in this filing meets the Flesch minimum reading ease score of 40.

A handwritten signature in black ink, appearing to read "Marie Roche". The signature is fluid and cursive, with the first name "Marie" and last name "Roche" clearly distinguishable.

(Signed by Officer of Company)
Marie Roche
Assistant Vice President
Long-Term Care Compliance

Date: October 9, 2009

John Hancock Life Insurance Company

John Hancock Place
Post Office Box 111
Boston, Massachusetts 02117
Phone: 888-877-6075
Fax: (617) 572-0399
e-mail: nrice@jhancock.com



**Noah Rice, Senior Contract Consultant
LTC Contracts and Legislative Services**

October 9, 2009

Julie Benafield Brown
Commissioner of Insurance
Arkansas Insurance Department
Little Rock, Arkansas 72201-1904

NAIC #: 356/65099

FEIN #: 04-1414660

Re: John Hancock Life Insurance Company
Group Long-Term Care Insurance Submission
Forms: GLTC-SUIT(2010) and GLTC-SUIT(2010) -1

Dear Commissioner,

Form Description

The forms that we are filing are our Suitability Form, also known as our personal worksheet, and Things You Should Consider Before You Buy Long-Term Care Insurance. These forms are used to help us determine whether long-term care insurance is suitable for an applicant, and to give them as much information regarding this type of insurance prior to applying for coverage. This identical form was recently filed and approved under John Hancock Life & Health Insurance Company.

Filing Description

The reason for this filing is to note a rate increase for a select group of insureds under the Federal Long Term Care Insurance Program. The rate increase occurs only for certain federal employees, under the program. Under section 9009 of Public Law 106-265, as enacted, this rate increase is not subject to state review. Therefore, we are filing these forms for informational purposes. The forms are based on the NAIC model regulation, and rate increase information is detailed in accordance with that model regulation. The federal regulators have approved this rate increase. The increase, and the forms contained herein are scheduled to become effective on 1/1/2010. This form will be used with our group long-term care insurance portfolio.

Additional Information

This submission is being submitted nationally to all jurisdictions in which we do business and filing is required. Our company is domiciled in Boston, MA. We are confident that the group long-term care submission complies with all applicable requirements in your state.

The following items are included in this submission:

- the submission letter
- the above referenced forms
- required submission fees

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Noah Rice". The signature is fluid and cursive, with the first name "Noah" and last name "Rice" clearly distinguishable.

Noah Rice
Senior Contract Consultant
LTC Contracts and Legislative Services