

SERFF Tracking Number: MULF-125955920 State: Arkansas
Filing Company: John Hancock Life Insurance Company State Tracking Number: 41315
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care - NEA
Project Name/Number: /

Filing at a Glance

Company: John Hancock Life Insurance Company

Product Name: Long Term Care - NEA

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: MULF-125955920

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Richard Famiglietti, Carol

Folsom, Joanne Witham

Date Submitted: 01/12/2009

State: ArkansasLH

State Tr Num: 41315

State Status: Approved-Closed

Reviewer(s): Marie Bennett

Disposition Date: 03/06/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 06/01/2009

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: 03/06/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/06/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Re: John Hancock Life Insurance Company

Company NAIC # 65099, FEIN # 04-1414660

Individual Long-Term Care Insurance Form Submission

Policy Form Endorsement LTC-NEA 1/09

SERFF Tracking Number: MULF-125955920 State: Arkansas
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
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Dear Commissioner:

We enclose a copy of the form listed above for your review and approval. A description of this form is found below. This form is new and does not replace any prior versions that we currently have on file with your Department. This form will be used with our Individual Long-term Care insurance policy Custom Care II policy form LTC-03 AR approved by your Department on October 16, 2003. The effective date for the use of this form will be June 1, 2009 or immediately following approval if later.

This endorsement will be attached to our LTC-03 AR policy form for National Education Association (NEA) members and their eligible family members. The following describes the benefits of the LTC-NEA 1/09 endorsement.

- Stay at Home Benefit - This benefit is being amended to add Emergency Ambulance Transportation to the list of services included in the first paragraph above. The amount payable for Emergency Ambulance Transportation for each calendar year under the Stay at Home Benefit is subject to the following limit:

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 2-times the Long Term Care Benefit Amount if You elected the daily Benefit Amount option; or
 1/15th of the Long Term Care Benefit Amount if You elected the monthly Benefit Amount option.

- Reduced Elimination Period Benefit – We will reduce the number of dates of services needed to satisfy the Elimination Period by half for NEA members that become Benefit eligible due to a job-related injury.

- Annual Union Dues Benefit – After an NEA member has been benefit eligible for a period of 365 consecutive days, we will reimburse future annual union dues so long as they remain Benefit eligible.

Submission of Supportive Actuarial Material – We are also enclosing an addendum to actuarial memorandum and certification for policy form LTC-03 AR to reflect the LTC-NEA 1/09 endorsement with no change in rates.

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Finally, approved forms may be viewed/printed via website technology.

This submission is being filed simultaneously in all 50 states and the District of Columbia.

Company and Contact

Filing Contact Information

Richard Famiglietti, Sr. Contract Consultant rfamiglietti@jhancock.com
200 Berkeley Street (617) 572-1997 [Phone]
Boston, MA 02117 (617) 572-0399[FAX]

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
Boston, MA 02117
(617) 572-5000 ext. [Phone]

Group Name: State ID Number:
FEIN Number: 04-1414660

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

SERFF Tracking Number: MULF-125955920 State: Arkansas
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Product Name: Long Term Care - NEA
Project Name/Number: /
Retaliatory? No
Fee Explanation: Filing or review of policy/contract, endorsements or
certificates, riders, applications, or annuity forms,
per submission (not per form)-----\$ 50
Per Company: No

SERFF Tracking Number: MULF-125955920 State: Arkansas
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company	\$50.00	01/12/2009	24947354

SERFF Tracking Number: MULF-125955920 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	03/06/2009	03/06/2009
Filed	Marie Bennett	03/06/2009	03/06/2009

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Disposition

Disposition Date: 03/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: Long Term Care - NEA
 Project Name/Number: /

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	Cover Letter		Yes
Supporting Document	NAIC Transmittal Form		Yes
Form	NEA Endorsement		Yes

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Status: Filed

Comment:

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Form Schedule

Lead Form Number: LTC-NEA 1/09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC-NEA 1/09	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy/Cont NEA Endorsement	Initial		41	LTC-NEA 1-09.pdf



**John Hancock Life Insurance Company
National Education Association (“NEA”) Member Benefits**

This Endorsement is made part of and should be attached to Your Policy. It is subject to all the provisions, conditions and limitations of the Policy unless otherwise provided below.

1. The provision captioned “Covered Charges” found in the LIMITATIONS ON OR CONDITIONS FOR ELIGIBILITY FOR BENEFITS section of Your Policy is deleted in its entirety and replaced with the following provision.

Charges Not Covered

We will not pay for any of the following: Physician’s charges; hospital and laboratory charges; prescription or non-prescription medication; medical supplies; durable medical equipment and transportation (except as described in the Stay at Home Benefit); items and services furnished at Your request for beautification, comfort, convenience or entertainment; and charges for care or services which are not included in and/or are inconsistent with Your Plan of Care.

2. The provision captioned “Stay at Home Benefit” found in the YOUR LONG-TERM CARE BENEFITS section of Your Policy is deleted in its entirety and replaced with the following provision.

Stay at Home Benefit

The Stay at Home Benefit can be used to pay for a variety of Your long-term care expenses while You are living in Your Home that are not otherwise covered under the Policy. Stay at Home Services include:

1. Home Modifications;
2. Emergency Medical Response Systems;
3. Durable Medical Equipment;
4. Caregiver Training;
5. Home Safety Check;
6. Provider Care Check; and
7. Emergency Ambulance Transportation.

We will pay actual charges incurred for Stay at Home Services up to the Stay At Home Lifetime Benefit Amount except as described below so long as all of the following conditions are met:

- the care or services are consistent with Your care needs and are provided pursuant to a Plan of Care approved by a Licensed Health Care Practitioner; and
- You are eligible for the payment of benefits under this Policy.

The Stay At Home Lifetime Benefit Amount is shown on the Policy Schedule. Any unused portion of this benefit amount may be used for future Stay at Home Services. Benefits paid under the Stay at Home Benefit will not reduce the Policy Limit. You do not have to satisfy the Elimination Period to receive benefits under the Stay at Home Benefit. The days for which You receive only the Stay at Home Benefit do not count toward the Elimination Period. You may receive benefits under the Long-Term Care Benefit and/or Care Advisory Services Benefit while receiving benefits under the Stay at Home Benefit.

The amount payable for Emergency Ambulance Transportation for each calendar year under the Stay at Home Benefit is subject to the following limit:

- 2-times the Long Term Care Benefit Amount if You elected the daily Benefit Amount option; or
- 1/15th of the Long Term Care Benefit Amount if You elected the monthly Benefit Amount option.

The Stay at Home Benefit will no longer be available to You on the earliest of the following dates: the date You terminate Your Policy; the date You exhaust Your Policy Limit; the date You exhaust Your Stay at Home Lifetime Benefit Amount; or the date Your Policy goes on nonforfeiture status.

Stay at Home Services Defined:

- *Home Modifications* mean modifications to Your Home that are primarily being made to improve Your ability to perform the Activities of Daily Living and allow You to live safely and independently in Your Home. Examples of Home Modifications include: installation of ramps for wheelchair access; installation of shower bars; widening doorways; and other similar accessibility modifications. Home Modification does not include: hot tubs, swimming pools, home repair or maintenance; or other modifications that may, other than incidentally, increase the value of Your Home.
- *Emergency Medical Response System* means a communication system that is: installed in Your Home; and used to call for assistance in the event of a medical emergency. It does not mean a home security system.
- *Durable Medical Equipment* means equipment that You rent or purchase which is designed to be used in Your Home to assist You in performing the Activities of Daily Living. Examples of Durable Medical Equipment include: walkers; hospital-style beds; crutches; and wheelchairs. Durable Medical Equipment does not include: prescription drugs; athletic equipment; equipment placed in Your body; or items commonly found in a household.
- *Caregiver Training* means a training program which provides instruction to uncompensated informal caregivers in basic caregiving techniques which will allow You to remain in Your Home. Such training is to help Your caregiver tend to Your specific long-term care needs. The informal caregiver may be a relative or someone chosen by You, but in no event will We pay for training provided to someone who will be paid to care for You.

- *Home Safety Check* means a written evaluation of Your Home, by a Home Health Agency or other qualified professional agency or individual acceptable to Us, in order to evaluate the safety of Your Home environment. Examples of items in the Home that may be evaluated include: cabinet and appliance height; furniture arrangement; doorway and hallway width; and the need for safety bars in the bathroom.
 - *Provider Care Check* means an independent written evaluation of Your care providers and the care You are receiving, in order to confirm consistent delivery of care being provided to You as defined in Your Plan of Care. This evaluation must be performed by a Home Health Agency or other qualified professional agency or individual acceptable to Us.
 - *Emergency Ambulance Transportation* means transportation services provided by a licensed ambulance service to transport You to or from a Nursing Home, Assisted Living Facility or hospital due to an emergency or urgent care need. It does not include a taxi, limousine or shuttle service.
3. The following benefit provisions are only available to NEA members and are added to the end of the YOUR LONG-TERM CARE BENEFITS section of Your Policy if You are a NEA member.

Reduced Elimination Period Benefit

We will reduce the number of Dates of Services as shown in the Policy Schedule needed to satisfy Your Elimination Period by half if:

- You become eligible for the payment of benefits under this Policy due to a Job-Related Injury on or after the effective date of Your Policy;
- You are a member of the NEA on the date of Your Job-Related Injury;
- You are not on claim or eligible for the payment of benefits under this Policy on the date of Your Job-Related Injury; and
- A Licensed Health Care Practitioner certifies within 90 days of the date of the Job-Related Injury that You:
 - need Substantial Assistance to perform at least two of the Activities of Daily Living, or
 - require Substantial Supervision to protect Yourself from threats to health and safety due to the presence of a Cognitive Impairment.

“Job-Related Injury” means an unexpected and unintentional physical event which occurs at your place of employment while carrying out the duties of the job which qualifies You for membership in the NEA or while on business for NEA or your state or local association.

You still must satisfy Your new reduced Elimination Period before benefits are payable under the Long-Term Care Benefit. In addition, You must satisfy Your new reduced Elimination Period before Your premiums are waived under the Waiver of Premium provision.

Annual Union Dues Benefit

After You have met the eligibility requirements of the provision captioned "Eligibility for the Payment of Benefits" for a period of 365 consecutive days, We will reimburse You for Your Annual Union Dues that become due following such 365-day period. We will continue to reimburse such Annual Union Dues so long as You continue to be eligible for payment of benefits under this Policy.

"Annual Union Dues" includes the local, state affiliate and/or NEA national dues for the job which qualifies You for membership in the NEA.

In order for Us to pay this benefit, You will be required to provide Us with confirmation of Your continued NEA membership and annual dues billing statement. You must satisfy Your Elimination Period before receiving the Annual Union Dues Benefit. The Annual Union Dues Benefit is not subject to the Long-Term Care Benefit Amount maximum. Benefits paid under the Annual Union Dues Benefit will reduce the Policy Limit.

Termination

This Endorsement will terminate when the Policy terminates or when the Policy is continued under the provisions of any nonforfeiture benefit.

Signed for the Company at Boston, Massachusetts:

A handwritten signature in cursive script that reads "Emanuel Alves".

Secretary

SERFF Tracking Number: *MULF-125955920* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company* *State Tracking Number:* *41315*
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TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Long Term Care - NEA*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Long Term Care - NEA
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Supporting Document Schedules

Review Status: 12/18/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
 GenReadCert.pdf

Review Status: 12/18/2008
Bypassed -Name: Application
Bypass Reason: Not Applicable to filing
Comments:

Review Status: 12/18/2008
Satisfied -Name: Health - Actuarial Justification
Comments:
Attachment:
 AR-NEA Addendum to Actuarial Memo for form LTC-03.pdf

Review Status: 12/18/2008
Bypassed -Name: Outline of Coverage
Bypass Reason: Not applicable to filing
Comments:

Review Status: 12/18/2008
Satisfied -Name: Cover Letter
Comments:
Attachment:
 NEA_Cover_letter_AR.pdf

Review Status: 12/18/2008
Satisfied -Name: NAIC Transmittal Form
Comments:
Attachment:

SERFF Tracking Number: *MULF-125955920* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company* *State Tracking Number:* *41315*
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Product Name: *Long Term Care - NEA*
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industry_rates_lh_trans.pdf

CERTIFICATION OF READABILITY

State of

Form Number

Flesch Readability Score

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of

_____.

Company

Signature

Name

Title

Date

John Hancock Life Insurance Company
Individual Long-Term Care Policy Series LTC-03 AR
Addendum to Actuarial Memorandum and Certification (Rev. 1/08)

Arkansas

Scope & Purpose

This is an amendment to the actuarial memorandum for the previously filed and approved Long-Term Care Policy Series LTC-03 AR. This amendment only applies to new policies issued to National Education Association ("NEA") members and their eligible family members, under this form. The purpose of this amendment is simply to extend the applicability of the filing to include a few benefit enhancements to the policy form.

Description of Benefits

1) Emergency Ambulance Transportation (Form LTC-NEA 1/09)

The current Stay at Home Benefit defined under Form LTC-03 AR is:

Stay at Home Benefit can be used to pay for a variety of long-term care expenses for an insured who is living in their home. This benefit is not subject to the elimination period. These services include: home modifications; emergency medical response systems; durable medical equipment; caregiver training; a home safety check, and a provider care check. Eligibility for the benefit is met if the insured is eligible for the payment of benefits, and the benefits are provided pursuant to a plan of care approved by a Licensed Care Practitioner. Any unused portion of this benefit amount may be used for future Stay at Home Services. Benefits paid under the Stay at Home Benefit will not reduce the Policy Limit. Benefits under the Long-Term Care Benefit and/or Care Advisory Services Benefit can still be received while receiving benefits under the Stay at Home Benefit. If the policy provides Monthly Benefits, the Stay at Home Benefit has a separate lifetime pool equal to 1 times the Long-Term Care Monthly Benefit. If the policy provides Daily Benefits, the separate lifetime pool will equal 30 times the Long Term Care Daily Benefit.

This benefit is being amended to add Emergency Ambulance Transportation to the list of services included in the first paragraph above. The amount payable for Emergency Ambulance Transportation for each calendar year under the Stay at Home Benefit is subject to the following limit:

- 2-times the Long Term Care Benefit Amount if You elected the daily Benefit Amount option; or
- 1/15th of the Long Term Care Benefit Amount if You elected the monthly Benefit Amount option.

2) Reduced Elimination Period Benefit (Form LTC-NEA 1/09)

We will reduce the number of Dates of Services needed to satisfy the Elimination Period by half for NEA members that become Benefit eligible due to a Job-Related Injury.

3) Annual Union Dues Benefit (Form LTC-NEA 1/09)

After an NEA member has been benefit eligible for a period of 365 consecutive days, we will reimburse future Annual Union Dues so long as they remain Benefit eligible.

While these benefits add value and differentiation for NEA members, we do not expect the cost of these benefits to be material. Consequently, these benefits do not impact in any way the prior approved actuarial filing for this Form with regard to the setting of the pricing assumptions, plan design or premium rates. All other items, rates and certification of the prior approved actuarial memorandum remain unchanged.

Sincerely,



Sarah Florreich, FSA, MAAA
Actuary

December 10, 2008
Date

John Hancock Life Insurance Company

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-6065
Direct: (617) 572-1997
Fax: (617) 572-0399
Email: rfamiglietti@jhancock.com



Richard Famiglietti
Contract Consultant
LTC Contracts and Legislative Services

January 12, 2009

Julie Benafield Bowman
Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: John Hancock Life Insurance Company
Company NAIC # 65099, FEIN # 04-1414660
Individual Long-Term Care Insurance Form Submission
Policy Form Endorsement LTC-NEA 1/09

Dear Commissioner:

We enclose a copy of the form listed above for your review and approval. A description of this form is found below. This form is new and does not replace any prior versions that we currently have on file with your Department. This form will be used with our Individual Long-term Care insurance policy Custom Care II policy form LTC-03 AR approved by your Department on October 16, 2003. The effective date for the use of this form will be June 1, 2009 or immediately following approval if later.

This endorsement will be attached to our LTC-03 AR policy form for National Education Association (NEA) members and their eligible family members. The following describes the benefits of the LTC-NEA 1/09 endorsement.

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 - 1/15th of the Long Term Care Benefit Amount if You elected the monthly Benefit Amount option.
- Reduced Elimination Period Benefit – We will reduce the number of dates of services needed to satisfy the Elimination Period by half for NEA members that become Benefit eligible due to a job-related injury.
- Annual Union Dues Benefit – After an NEA member has been benefit eligible for a period of 365 consecutive days, we will reimburse future annual union dues so long as they remain Benefit eligible.

Submission of Supportive Actuarial Material – We are also enclosing an addendum to actuarial memorandum and certification for policy form LTC-03 AR to reflect the LTC-NEA 1/09 endorsement with no change in rates.

From time to time, the shading of the paper color may change to differentiate between different distribution channels or product availability. This upgrade will not affect the text content of any form nor produce an unacceptable or dissimilar print. Finally, approved forms may be viewed/printed via website technology.

This submission is being filed simultaneously in all 50 states and the District of Columbia.

The following items are included in this submission:

- the submission letter
- above referenced forms
- a \$50.00 filing fee
- all required certifications.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Famiglietti", written in a cursive style.

Richard Famiglietti
Contract Consultant

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 written in a cursive style with a horizontal line underneath it.

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

Date: January 12, 2009

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	John Hancock Life Insurance Company P. O. Box 111 Boston, MA 02116	MA	Life & Health	356	65099	04-1414660	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Richard Famiglietti 200 Berkeley Street, B-6-06 Boston, MA 02116	617-572-1997	617-572-0399	rfamiglietti@jhancock.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): _____
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6.	Company Tracking Number	MULF-125955920
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<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
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10.	Product Coding Matrix Filing Code	LTC03I.001 Qualified
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11.	Submitted Documents	<p><u>X FORMS</u></p> <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 X Other
		<p><u>Rates</u></p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
		<p><u>SUPPORTING DOCUMENTATION</u></p> <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 X Certifications <input type="checkbox"/> Actuarial Memorandum

		<input type="checkbox"/> Other _____
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12.	Filing Submission Date	January 12, 2009	
13.	Filing Fee (If required)	Amount <u> \$50.00 </u>	Check Date <u> </u> EFT Transaction <u> </u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u> </u> EFT Transaction <u> </u>
14.	Date of Domiciliary Approval	Pending approval in Massachusetts. Filing submitted in all states and the District of Columbia.	
15.	Filing Description:		
<p>Re: John Hancock Life Insurance Company Company NAIC # 65099, FEIN # 04-1414660 Individual Long-Term Care Insurance Form Submission Policy Form Endorsement LTC-NEA 1/09</p> <p>Dear Commissioner:</p> <p>We enclose a copy of the form listed above for your review and approval. A description of this form is found below. This form is new and does not replace any prior versions that we currently have on file with your Department. This form will be used with our Individual Long-term Care insurance policy Custom Care II policy form LTC-03 AR approved by your Department on October 16, 2003. The effective date for the use of this form will be June 1, 2009 or immediately following approval if later.</p> <p>This endorsement will be attached to our LTC-03 AR policy form for National Education Association (NEA) members and their eligible family members. The following describes the benefits of the LTC-NEA 1/09 endorsement.</p> <ul style="list-style-type: none"> • Stay at Home Benefit - This benefit is being amended to add Emergency Ambulance Transportation to the list of services included in the first paragraph above. The amount payable for Emergency Ambulance Transportation for each calendar year under the Stay at Home Benefit is subject to the following limit: <ul style="list-style-type: none"> • 2-times the Long Term Care Benefit Amount if You elected the daily Benefit Amount option; or • 1/15th of the Long Term Care Benefit Amount if You elected the monthly Benefit Amount option. • Reduced Elimination Period Benefit – We will reduce the number of dates of services needed to satisfy the Elimination Period by half for NEA members that become Benefit eligible due to a job-related injury. • Annual Union Dues Benefit – After an NEA member has been benefit eligible for a period of 365 consecutive days, we will reimburse future annual union dues so long as they remain Benefit eligible. <p>Submission of Supportive Actuarial Material – We are also enclosing an addendum to actuarial memorandum and certification for policy form LTC-03 AR to reflect the LTC-NEA 1/09 endorsement with no change in rates.</p> <p>From time to time, the shading of the paper color may change to differentiate between different distribution channels or product availability. This upgrade will not affect the text content of any form nor produce an unacceptable or dissimilar print. Finally, approved forms may be viewed/printed via website technology.</p> <p>This submission is being filed simultaneously in all 50 states and the District of Columbia.</p>			

16.	Certification (If required)		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>			
Print Name	<u>Richard Famiglietti</u>	Title	<u>Contract Consultant</u>
			
Signature	_____	Date:	<u>01/12/2009</u>

LHTD-1, Page 2 of 2

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	NEA Policy Endorsement	LTC-NEA 1/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Addendum Actuarial Memorandum and Certification for LTC-03 AR	LTC-03 AR	<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input checked="" type="checkbox"/> Other Addendum _____	
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 _____	

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