

SERFF Tracking Number: LFCR-126271820 State: Arkansas  
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 43287  
Company Tracking Number: AR MMD-PRT GUIDE  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.004 Partnership  
Product Name: SignatureCare  
Project Name/Number: /

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: SignatureCare

SERFF Tr Num: LFCR-126271820 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Accepted State Tr Num: 43287

For Informational Purposes

Sub-TOI: LTC03I.004 Partnership

Co Tr Num: AR MMD-PRT GUIDE State Status: Closed

Filing Type: Form

Reviewer(s): Harris Shearer

Authors: Smith Darlene, Trudy

Disposition Date: 09/11/2009

Weigel

Date Submitted: 08/20/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Not filed.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/11/2009

Explanation for Other Group Market Type:

State Status Changed: 09/11/2009

Deemer Date:

Created By: Trudy Weigel

Submitted By: Trudy Weigel

Corresponding Filing Tracking Number:

Filing Description:

RE: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY – NAIC #65935

MM-400-P-AR et al Tax-Qualified Policy Forms - Partnership Certification Approval 11/6/08

MM500-P-AR et al Tax-Qualified Policy Forms - Partnership Certification Approval 7/21/08

As required by Rule 94, the Company is filing their proposed exchange procedures for review and approval.

Eligible existing policyholders who were issued policies on or after July 1, 2008, under either of the above referenced policy series, will receive notification that their existing policy is being exchanged for a Partnership-Qualified Long-Term

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Care Policy. The exchange will be accomplished through the issuance of an updated Policy Schedule Page, indicating the new effective date for Partnership qualification, as well as the notice of Important Information Regarding Your Policy's Long-Term Care Insurance Partnership Status.

An eligible policyholder has been issued a policy under either of the above referenced policy form series and has also purchased the necessary Inflation Protection required under Arkansas Partnership regulations.

Notification will include:

- (1) Cover Letter (sample letter attached)
- (2) Required Disclosure Notice MMD-PRT-AR (approved 11/6/08)
- (3) Updated Policy Schedule Pages (indicating Partnership eligibility) (samples attached).

Ineligible policyholders will not receive an exchange letter.

Thank you for your assistance with this filing.

## Company and Contact

### Filing Contact Information

Trudy Weigel, Compliance Analyst 2 trudy.weigel@lifecareassurance.com  
P.O. Box 4243 818-867-2240 [Phone]  
Woodland Hills, CA 91365-4243 818-867-2508 [FAX]

### Filing Company Information

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

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts  
Long Term Care Administrative Office Group Code: 435 Company Type:  
P.O. Box 4243 Group Name: State ID Number:  
Woodland Hills, CA 91365-4243 FEIN Number: 04-1590850  
(818) 867-2450 ext. [Phone]

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$0.00	08/20/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Harris Shearer Informational Purposes		09/11/2009	09/11/2009

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## **Disposition**

Disposition Date: 09/11/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment: In the absence of a Rule for procedures to be followed in an exchange program for Partnership policies, we are accepting this filing for use in Arkansas.

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		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Sample Cover Letter		Yes
Supporting Document	Required Disclosure Notice Previously Approved 11/06/08		Yes
Supporting Document	Updated Policy Schedule Pages		Yes

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Sample Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b>		
MM LTC Partnership Exchange Ltr_AR.pdf		

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**Item Status:** **Status Date:**

**Satisfied - Item:** Required Disclosure Notice  
Previously Approved 11/06/08

**Comments:**

**Attachment:**

MMD-PRT-AL.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Updated Policy Schedule Pages

**Comments:**

**Attachment:**

MM500-P-AR Partnership Sched Pgs.pdf

Date

Name 1

Name 2

Address

City, State Zip

Re: Policy Number 14 14600000

Dear Policyholder(s):

Your SignatureCare® long-term care insurance policy has been enhanced, at no cost to you!

Your policy has been certified as eligible for inclusion in [Arkansas's Long-Term Care Insurance Partnership](#) program. The Partnership program is a program for long-term care coverage that combines the use of private and public resources. When insured with a Partnership eligible long-term care insurance policy, you may be allowed to keep more of your assets if you decide to later turn to Medicaid Assistance to help pay for your long-term care services.

We are providing you with a notice of [Important Information Regarding Your Policy's Long-Term Care Insurance Partnership Status](#), which you should attach to the front of your current policy. This notice identifies your policy as Partnership Qualified and provides information on the Partnership program and what Partnership status means to you. In addition, a new Benefit Schedule is enclosed, which replaces any previously issued Benefit Schedules. Please keep these documents with your policy.

Please be aware that any changes you may make to your current policy, as well as changes in state or federal laws, could affect the future Partnership status of your policy.

You chose wisely when you selected MassMutual for your long-term care insurance needs. If you have questions regarding your policy, please contact our office. If you have questions regarding the [Arkansas Long-Term Care Partnership program](#), please see <https://ardhs.sharepointsite.net/LTCP/default.aspx>, or call the Arkansas Senior Health Insurance Program, 800-224-6330.

Sincerely,

Policy Service Department

cc: (Servicing Agent Name, Agent Number) (Servicing Agency Code)

# Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001

Long Term Care Administrative Office

P.O. Box 4243

Woodland Hills, CA 91365-4243

888.505.8952

## Partnership Status Disclosure Notice

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### 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 Alabama qualify for the Alabama 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 Alabama'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 and special rules may apply to persons whose home equity exceeds \$[500,000]. 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 Alabama 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 Massachusetts Mutual Life Insurance Company to determine the effect of a proposed change.** When a policyholder requests a change to his or her Policy that will result in the loss of partnership status, the insurer shall provide an explanation in writing of how such action impacts the Insured. The policyholder shall also be advised how to retain partnership status if possible. If a partnership plan subsequently loses partnership status, the insurer shall explain to the policyholder in writing the reason for the loss of status. 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 Alabama's Medicaid program.

**Additional Information.** If You have questions regarding Your insurance Policy please contact Massachusetts Mutual Life Insurance Company. If You have questions regarding current laws governing Medicaid eligibility, You should contact the Alabama Medicaid Agency.

**POLICY SCHEDULE**

**SignatureCare**

**PARTNERSHIP QUALIFIED POLICY**

Policy Number: 19-12345678 Policy Effective Date: 8/1/08  
 Insured Name: John Doe Insuring Age: 55  
 Policy Owner Name: John Doe Payment Mode: Annual

Policy Anniversary Date(s): 8/1/08 and each succeeding 8/1 thereafter.

This Policy Schedule was issued on 08/01/2009 and replaces any previously issued Policy Schedules.

<b>POLICY INFORMATION</b>	<b>POLICY EFFECTIVE DATE</b>	<b>PREMIUM</b>
Partnership Qualified	8/1/2009	
Modal Premium for Long Term Care Insurance Policy, MM500-P-AR, including Compound Inflation Protection Rider, MM500R-CIP:	8/1/08	\$1,128.08
Modal Premium for Optional Riders:		
Shortened Benefit Period Nonforfeiture Rider, MM500R-SBN:	8/1/08	\$225.52
Waiver of Premium for Covered Partner, MM500R-WOP:	8/1/08	\$22.57
10-Year Premium Payment Endorsement, MME-10P:	8/1/08	\$2,369.77
Discounts Applied: Covered Partners:		(\$1,311.08)
<b>Total Modal Premium including Optional Riders and Discounts:</b>		<b>\$2,434.86</b>

Premium Payment Options					
Premium Frequency	Premium Payment (including Installment Payment Charge)	Number of Payments Per Year	Total Premium Per Year	Additional Charge (In Dollars)	Additional Charge (As the Annual Percentage Rate or APR)
Annual	\$2,434.86	1	\$2,434.86	\$0.00	0.00%
Semi-Annual	\$1,266.13	2	\$2,532.25	\$97.39	16.7%
Quarterly	\$657.41	4	\$2,629.65	\$194.79	21.5%
Monthly	\$214.27	12	\$2,571.21	\$136.35	12.1%

**PREMIUM PAYMENT OPTIONS. YOU MAY PAY PREMIUMS ONCE A YEAR (ANNUALLY), TWICE A YEAR (SEMIANNUALLY), FOUR TIMES A YEAR (QUARTERLY), OR TWELVE TIMES A YEAR (MONTHLY). YOU MAY PAY PREMIUMS TWELVE TIMES A YEAR (MONTHLY) ONLY BY PRE-AUTHORIZED ELECTRONIC TRANSFER. IF YOU PAY ANNUAL PREMIUMS BY INSTALLMENTS, THERE WILL BE AN ADDITIONAL CHARGE. THE ADDITIONAL CHARGE IS SHOWN IN DOLLARS AND AS ANNUAL PERCENTAGE RATES IN THE TABLE ABOVE.**

## BENEFIT INFORMATION

Elimination Period:	90 Days
Benefit Period:	3 Years
Daily Benefit Amount (DBA):	\$100.00
Total Benefit Amount:	\$109,500.00 (365 times the Benefit Period times the DBA)
Facility Services Benefit:	Up to the DBA for each day of Facility Services
Home and Community Based Services Benefit:	Up to the DBA for each day of Home and Community Based Services
Facility Prescription Drug Benefit:	Up to One (1) times the DBA per month
Emergency Response System Benefit:	Up to One-half (1/2) the DBA per month
Ambulance Benefit:	Up to four (4) times the DBA per Policy Year
Caregiver Training Benefit:	Up to five (5) times the DBA for the life of the Policy
Facility Bed Reservation Benefit:	Up to sixty (60) times the DBA per Policy Year
Respite Care Benefit:	Up to thirty (30) times the DBA per Policy Year
Coverage Outside of the United States Benefit:	
Daily Limit:	Up to \$50.00
Lifetime Limit:	\$27,375.00
Elimination Period for Coverage Outside of the United States:	90 Days for each Single Claim Period

**Our toll free number for policy service and claims is 888-505-8952. This is an option available to you for your convenience.**