

SERFF Tracking Number: NWST-126837810 State: Arkansas  
 Filing Company: Northwestern Long Term Care Insurance State Tracking Number: 47011  
 Company  
 Company Tracking Number: 90-2410 LTC (1010)  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
 Product Name: 90-2410 LTC (1010)  
 Project Name/Number: 90-2410 LTC (1010)/90-2410 LTC (1010)

## Filing at a Glance

Company: Northwestern Long Term Care Insurance Company

Product Name: 90-2410 LTC (1010) SERFF Tr Num: NWST-126837810 State: Arkansas  
 TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num: 47011  
 Sub-TOI: LTC03I.001 Qualified Co Tr Num: 90-2410 LTC (1010) State Status: Closed  
 Filing Type: Form Reviewer(s): Marie Bennett, Harris Shearer  
 Authors: Jason Gross, Tiffiney Durham Disposition Date: 11/03/2010  
 Date Submitted: 10/08/2010 Disposition Status: Approved  
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: 90-2410 LTC (1010) Status of Filing in Domicile: Pending  
 Project Number: 90-2410 LTC (1010) Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 11/03/2010 Explanation for Other Group Market Type:  
 State Status Changed: 11/03/2010  
 Deemer Date: Created By: Tiffiney Durham  
 Submitted By: Tiffiney Durham Corresponding Filing Tracking Number:

Filing Description:

Enclosed with this filing is the Supplement to Long-Term Care Insurance Application for Additional Policies (form 90-2410 LTC (1010)). This supplement will be used in conjunction with application form 90-1968 LTC (1010) which was previously approved by your Department on 3/15/10 under SERFF Tracking Number: NWST-126421641. Please note that the policy that would be issued as a result of using these is form TT.LTC.(1010). This form was approved along with form 90-1968 LTC (1010) and has the same approval date and SERFF Tracking Number.

If you should have any questions regarding the enclosed forms, you may call me at (414)665-4549 or you can e-mail me at [jasongross@northwesternmutual.com](mailto:jasongross@northwesternmutual.com). On e-mails that are sent, please copy

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 tiffineydurham@northwesternmutual.com.

Sincerely,

Jason Gross, FLMI  
 Product Compliance Specialist

## Company and Contact

### Filing Contact Information

Jason Gross, Product Compliance Specialist jasongross@northwesternmutual.com  
 720 E. Wisconsin Ave. 414-665-4549 [Phone]  
 Milwaukee, WI 53202 414-665-5006 [FAX]

### Filing Company Information

Northwestern Long Term Care Insurance CoCode: 69000 State of Domicile: Wisconsin  
 Company  
 720 East Wisconsin Avenue Group Code: 860 Company Type: Long Term Care  
 Rm S845 Group Name: State ID Number:  
 Milwaukee, WI 53202 FEIN Number: 36-2258318  
 (414) 271-1444 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Northwestern Long Term Care Insurance Company	\$50.00	10/08/2010	40446254

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	11/03/2010	11/03/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Marie Bennett	10/11/2010	10/11/2010	Jason Gross	10/12/2010	10/12/2010



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	Yes	Yes
Supporting Document	Outline of Coverage	Yes	Yes
Supporting Document	Certification of Compliance	Yes	Yes
Form	Supplement to Long-Term Care Insurance Application	Yes	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/11/2010

Submitted Date 10/11/2010

Respond By Date

Dear Jason Gross,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Application (Supporting Document)
- Supplement to Long-Term Care Insurance Application, 90-2410 LTC (1010) (Form)

Comment: Please provide a letter certifying that multiple policies will meet suitability standards as required under AR Rule 13, Sec. 24.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/12/2010  
Submitted Date 10/12/2010

Dear Harris Shearer,

### Comments:

### Response 1

Comments: Dear Ms. Bennett,

Per your request, we have attached a certificate of compliance under the Supporting Documentation tab. It certifies that to the best of our knowledge and belief, all policies issued through form 90 2410 LTC (1010), will meet with the suitability provisions as required under AR Rule 13, Sec. 24.

Sincerely,

Jason Gross, FLMI  
Product Compliance Specialist  
414.665.4549

### Related Objection 1

Applies To:

- Application (Supporting Document)
- Supplement to Long-Term Care Insurance Application, 90-2410 LTC (1010) (Form)

Comment:

Please provide a letter certifying that multiple policies will meet suitability standards as required under AR Rule 13, Sec. 24.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance

Comment:



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## Form Schedule

### Lead Form Number: 90-2410 LTC (1010)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	90-2410 LTC (1010)	Application/ Enrollment Form	Supplement to Long Term Care Insurance Application	Initial		51.000	90-2410 LTC (1010).pdf

**SUPPLEMENT TO LONG-TERM CARE INSURANCE APPLICATION FOR ADDITIONAL POLICIES**

**Directions: Use this form to apply for up to two (2) additional policies with one application (90-1968-xx). Please note: This form must be received with a signed and completed application in order to apply for additional policies.**

APPLICANT NAME

APPLICANT TAX PAYER ID NUMBER (SSN)

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**ADDITIONAL POLICY(IES) APPLIED FOR**

	POLICY 3	POLICY 4
A. Premium Payment Duration <i>Select one for each policy</i>	<input type="radio"/> For Life <input type="radio"/> 10 Pay <input type="radio"/> To Age 65	<input type="radio"/> For Life <input type="radio"/> 10 Pay <input type="radio"/> To Age 65
B. Maximum Monthly Limit	\$ _____	\$ _____
C. Benefit Period <i>Select one for each policy</i>	<input type="radio"/> 3 Year (36 months) <input type="radio"/> 6 Year (72 months) <input type="radio"/> Lifetime	<input type="radio"/> 3 Year (36 months) <input type="radio"/> 6 Year (72 months) <input type="radio"/> Lifetime
D. Elimination Period <i>Select one for each policy</i>	<input type="radio"/> 6 Weeks <input type="radio"/> 25 Weeks <input type="radio"/> 12 Weeks <input type="radio"/> 52 Weeks	<input type="radio"/> 6 Weeks <input type="radio"/> 25 Weeks <input type="radio"/> 12 Weeks <input type="radio"/> 52 Weeks
E. Inflation Protection <i>Select one for each policy</i>	<input type="radio"/> Automatic Additional Purchase Benefit (AAPB) Not available with 10 Pay or To Age 65 <input type="radio"/> Automatic Benefit Increase (ABI) to apply for less than 5% compounded increases, indicate: <input type="checkbox"/> 3% or <input type="checkbox"/> 4% <input type="radio"/> None (if rejected, see below)	<input type="radio"/> Automatic Additional Purchase Benefit (AAPB) Not available with 10 Pay or To Age 65 <input type="radio"/> Automatic Benefit Increase (ABI) to apply for less than 5% compounded increases, indicate: <input type="checkbox"/> 3% or <input type="checkbox"/> 4% <input type="radio"/> None (if rejected, see below)
<b>REJECTION OF INFLATION PROTECTION NOTE:</b> If you are electing to reject inflation protection on one or both policies, mark the appropriate box(es) in the rejection statement below.		
F. Optional Benefits	<b>Survivorship Benefit</b> <input type="radio"/> Yes <input type="radio"/> No <i>Not available with 10 Pay or To Age 65</i>	<input type="radio"/> Yes <input type="radio"/> No <i>Not available with 10 Pay or To Age 65</i>
	<b>Paid-Up Non-forfeiture Benefit</b> <input type="radio"/> Yes <input type="radio"/> No <i>Not available with 10 Pay or To Age 65</i>	<input type="radio"/> Yes <input type="radio"/> No <i>Not available with 10 Pay or To Age 65</i>

**REJECTION OF INFLATION PROTECTION STATEMENT (Complete if option was not selected.)**

I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the Inflation Protection. Specifically, I reviewed the Automatic Benefit Increase and the Automatic Additional Purchase Benefit and I reject the inflation protection. **Policy 3**  **Policy 4 (only if applicable)**

The signature below applies to this application supplement, including if applicable, the Rejection of Inflation Protection.

\_\_\_\_\_

Print Name of **Insured**

\_\_\_\_\_

Signature of **INSURED**

\_\_\_\_\_

Date Signed by **INSURED** (MM/DD/YYYY)

\_\_\_\_\_

(City, County & State) Signed by **INSURED**

\_\_\_\_\_

Signature of **LICENSED AGENT**

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR Flesch Cert.pdf		

	<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> Certification of Compliance		
<b>Comments:</b>		
<b>Attachment:</b> AR Certification 101210.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

## CERTIFICATION

I certify to the best of my knowledge and belief, that all policies issued through form 90-2410 LTC (1010), will meet with the suitability provisions as required under AR Rule 13, Sec. 24.

NORTHWESTERN LONG TERM CARE  
INSURANCE COMPANY



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Ted A. Matchulat  
Product Compliance Officer

10/12/2010

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Date