

SERFF Tracking Number: MULF-126775501 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number: 46534  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Guaranty Association Notice  
Project Name/Number: Arkansas Guaranty Association Notice/Arkansas Guaranty Association Notice

## Filing at a Glance

Company: John Hancock Life Insurance Company (USA)

Product Name: Guaranty Association Notice SERFF Tr Num: MULF-126775501 State: Arkansas  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num: 46534  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: State Status: Closed  
Filing Type: Form Reviewer(s): Marie Bennett, Harris Shearer  
Author: Pat Hamlett Disposition Date: 08/20/2010  
Date Submitted: 08/18/2010 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Arkansas Guaranty Association Notice Status of Filing in Domicile: Pending  
Project Number: Arkansas Guaranty Association Notice 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: 08/20/2010 Explanation for Other Group Market Type:  
State Status Changed: 08/20/2010  
Deemer Date: Created By: Pat Hamlett  
Submitted By: Pat Hamlett Corresponding Filing Tracking Number:  
Filing Description:  
Individual Long-Term Care Insurance Submission  
Form: Arkansas Life and Health Insurance Guaranty Association Act  
LTC-GA AR Rev. 42009

Attached for your review and approval is the document "Limitations and Exclusions Under the Arkansas Life and Health Insurance Guaranty Association Act", form LTC-GA AR Rev. 2009.

Upon approval from your department, this form will be given to our policyholders.

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The following items are included in this submission:

- the submission letter
- a \$50.00 filing fee via EFT Transmission
- all required certifications.

Thank you for your time in this matter.

## Company and Contact

### Filing Contact Information

Pat Hamlett, Contract Consultant phamlett@jhancock.com  
 200 Berkeley Street 617-572-0114 [Phone]  
 Boston, MA 02117

### Filing Company Information

John Hancock Life Insurance Company (USA) CoCode: 65838 State of Domicile: Michigan  
 200 Berkeley Street Group Code: Company Type:  
 Boston, MA 02176 Group Name: State ID Number:  
 (617) 572-6000 ext. [Phone] FEIN Number: 01-0233346

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (USA)	\$50.00	08/18/2010	38862173

SERFF Tracking Number: MULF-126775501 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	08/20/2010	08/20/2010

*SERFF Tracking Number:* MULF-126775501      *State:* Arkansas  
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*TOI:* LTC03I Individual Long Term Care      *Sub-TOI:* LTC03I.001 Qualified  
*Product Name:* Guaranty Association Notice  
*Project Name/Number:* Arkansas Guaranty Association Notice/Arkansas Guaranty Association Notice

## **Disposition**

Disposition Date: 08/20/2010

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		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter		No
Supporting Document	Transmittal		No
Form	Limitations and Exclusions Under the Arkansas Life and Health Insurance Guaranty Association Act		No

SERFF Tracking Number: MULF-126775501 State: Arkansas  
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## Form Schedule

**Lead Form Number: LTC-GA AR REV. 2009**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC-GA AR REV. 2009	Other	Limitations and Exclusions Under the Arkansas Life and Health Insurance Guaranty Association Act	Initial			LTC-GA AR REV.2009.pdf

**LIMITATIONS AND EXCLUSIONS  
UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association").

The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force.

The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life and variable annuity contract.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

**LIMITATIONS AND EXCLUSIONS  
UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

**EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

**LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 -- no matter how many policies and contracts there were with the same company, even if they provided different types of coverages.

Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or cash surrender values -- again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.

There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

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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 as this form is supplied by the state of Arkansas		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A as this is not an application filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> AR Cover Letter.pdf		

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Product Name: Guaranty Association Notice  
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**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Transmittal

**Comments:**

**Attachment:**

Industry\_rates\_lh\_trans.pdf

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

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John Hancock Place  
Post Office Box 111  
Boston, Massachusetts 02117  
1-888-877-6075, #7  
Direct:: (617) 572-0114  
Fax: (617) 572-0399  
Email: phamlett@jhancock.com



Pat Hamlett  
Contract Consultant  
LTC Contracts and Legislative Services

August 18, 2010

Commissioner Jay Bradford  
Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, AR 72201-1904

**Re: John Hancock Life Insurance Company (U.S.A.)  
Company NAIC # 65838; FEIN #: 01-0233346  
Individual Long-Term Care Insurance Submission  
Form: Arkansas Life and Health Insurance Guaranty Association Act  
LTC-GA AR Rev. 42009**

Dear Commissioner:

Attached for your review and approval is the document "Limitations and Exclusions Under the Arkansas Life and Health Insurance Guaranty Association Act", form LTC-GA AR Rev. 2009.

Upon approval from your department, this form will be given to our policyholders.

The following items are included in this submission:

- the submission letter
- a \$50.00 filing fee via EFT Transmission
- all required certifications.

Thank you for your time in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Pat Hamlett".

Pat Hamlett  
Contract Consultant

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	John Hancock Life Insurance Company (U.S.A.) P. O. Box 111 Boston, MA 02116	MI	Life & Health	904	65838	01-0233346	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Pat Hamlett 200 Berkeley Street, B-6-06 Boston, MA 02116	617-572-0114	617-572-0399	phamlett@jhancock.com

<b>5.</b>	<b>Requested Filing Mode</b>	<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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<b>6.</b>	<b>Company Tracking Number</b>	SERFF Filing # MULF-126775501
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<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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<b>8.</b>	<b>Market</b>	<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: _____

<b>9.</b>	<b>Type of Insurance</b>	LTC03I.Individual Long Term Care
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	LTC03I.001 Qualified
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<b>11.</b>	<b>Submitted Documents</b>	<p><input type="checkbox"/> <b>FORMS</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input checked="" type="checkbox"/> Other</td> <td></td> </tr> </table> <p><b>Rates</b></p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<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	<input checked="" type="checkbox"/> Other		
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<input type="checkbox"/> Schedule of Benefits	<input checked="" type="checkbox"/> Other											
		<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____										
		<p><b>SUPPORTING DOCUMENTATION</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<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	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	<b>Filing Submission Date</b>	<b>8/18/2010</b>	
13	<b>Filing Fee (If required)</b>	Amount <u>    \$50.00    </u>	Check Date <u>    VIA EFT on 8/18/2010    </u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>    VIA EFT    </u>
14.	<b>Date of Domiciliary Approval</b>	<b>Pending approval in Michigan.</b>	
15.	<b>Filing Description:</b>		
<p>Re: John Hancock Life Insurance Company (U.S.A.)          Company NAIC # 65838; FEIN #: 01-0233346          Individual Long-Term Care Insurance Submission          Form: Arkansas Life and Health Insurance Guaranty Association Act -          LTC-GA AR Rev. 2009</p> <p>Attached for your review and approval is the document "Limitations and Exclusions Under the Arkansas Life and Health Insurance Guaranty Association Act", form LTC-GA AR Rev. 2009.</p> <p>Upon approval from your department, this form will be given to our policyholders.</p> <p>The following items are included in this submission:</p> <ul style="list-style-type: none"> <li>• the submission letter</li> <li>• a \$50.00 filing fee via EFT Transmission</li> <li>• all required certifications.</li> </ul> <p>Thank you for your time in this matter.</p>			

<b>16.</b>	<b>Certification (If required)</b>		
<b>I HEREBY CERTIFY</b> 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>Pat Hamlett</u>	Title	<u>Contract Consultant</u>
Signature		Date:	<u>8/18/2010</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	Limitations and Exclusions Under the Arkansas Life and Health Insurance Guaranty Association Act	LTC-GA AR Rev. 2009	<input 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 _____	
12			<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 Description	Affected Form Numbers		Previous State Filing Number
01			<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input checked="" 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 _____	
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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 _____	

LH RFA-1