

SERFF Tracking Number: NWLT-126790572 State: Arkansas  
Filing Company: New York Life Insurance Company State Tracking Number: 46863  
Company Tracking Number: 421980CV  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: 5.0 Select Premier  
Project Name/Number: 1035 Exchange/421980CV

## Filing at a Glance

Company: New York Life Insurance Company  
Product Name: 5.0 Select Premier SERFF Tr Num: NWLT-126790572 State: Arkansas  
TOI: LTC05I Individual Long Term Care - SERFF Status: Closed-Filed State Tr Num: 46863  
Nursing Home & Home Health Care  
Sub-TOI: LTC05I.001 Qualified Co Tr Num: 421980CV State Status: Closed  
Filing Type: Advertisement Reviewer(s): Marie Bennett, Harris Shearer  
Author: Cindy Rutty Disposition Date: 09/27/2010  
Date Submitted: 09/21/2010 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: 1035 Exchange Status of Filing in Domicile: Not Filed  
Project Number: 421980CV Date Approved in Domicile:  
Requested Filing Mode: File & Use 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: 09/27/2010 Explanation for Other Group Market Type:  
State Status Changed: 09/27/2010  
Deemer Date: Created By: Cindy Rutty  
Submitted By: Cindy Rutty Corresponding Filing Tracking Number:  
421980CV

Filing Description:

Re: New York Life Insurance Company  
NAIC # 0826-66915 FEIN # 13-5582869  
Long-Term Care Advertising Form Numbers 421980CV-A & 421980CV-B

Dear Sir or Madam,

The above-captioned forms are being submitted for your review. These forms are new and do not replace any

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previously approved forms.

Form #421980CV-A is a letter with an optional detachable business reply section. The optional detachable business reply section is form #421980CV-B. The forms are considered an Invitation to Inquire advertisement and will be distributed by our agents or the Company directly as an informational mailer or handout to prospects, clients, and the general public.

Bracketed information is considered variable. We have included a Statement of Variability to support allowable variations.

We want to have the right to use these forms in other formats or media, including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws and regulations of your state.

If you have any questions or need additional information, please contact me at 512-703-5501 or [crutty@newyorklifeltc.com](mailto:crutty@newyorklifeltc.com).

Sincerely,

Cindy Rutty  
Contracts and Compliance Associate III  
New York Life Insurance Company, Long-Term Care Division

## Company and Contact

### Filing Contact Information

Cindy Rutty, Contract & Compliance Associate [crutty@newyorklifeltc.com](mailto:crutty@newyorklifeltc.com)

III

6200 Bridge Point Parkway 800-723-5555 [Phone] 5501 [Ext]  
Suite 400 512-703-5564 [FAX]  
Austin, TX 78730-5006

### Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York  
6200 Bridge Point Parkway Group Code: 826 Company Type: Long-Term Care

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Suite 400 Group Name: State ID Number:  
Austin, TX 78730-5006 FEIN Number: 13-5582869  
(800) 723-5555 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: AR Fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	09/21/2010	39717719
New York Life Insurance Company	\$50.00	09/21/2010	39718661

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	09/27/2010	09/27/2010







[Must be mailed on NYL letterhead as purchased through company program]

[Agent Name]  
[ADDRESS 1]  
[ADDRESS 2]  
[CITY, ST ZIP]

[DATE]

[PROSPECT NAME]  
[ADDRESS 1]  
[ADDRESS 2]  
[CITY, ST ZIP]

Dear [Prospect Name]:

Preparing for your financial future is a strategic decision that can help you maintain and support a lifestyle that you and your family deserve. As you have already made a smart decision by purchasing a Fixed Deferred Annuity<sup>1</sup>, now is a great time to realize retirement plans by including protection with a Long-Term Care Insurance policy.

Perhaps you are interested in a Long-Term Care Insurance policy, but are hesitant to pay premiums out of pocket. Legislative changes that recently took effect have created a new solution! An annuity policyholder may now transfer a portion of the policy's value, including pre-tax earnings, directly from a **non-qualified** deferred annuity to pay the premiums on a long-term care insurance policy<sup>2</sup>, on a tax advantaged basis.<sup>3]</sup>

Non-qualified deferred annuities are annuities that are funded with after-tax money. Qualified long-term care insurance policies are policies that comply with section 7702B of the Internal Revenue Code. Benefits received from qualified long-term care insurance policies may be tax free. New York Life's LTCSelect Premier Policy is a tax-qualified long-term care insurance policy. Note that using funds from your non-qualified deferred annuity to fund LTCi premiums may reduce the total value in your annuity.

**New York Life Insurance Company**<sup>4]</sup> has developed a wide variety of products to help individuals and families plan for the future. By combining our long-term care insurance, life insurance, and annuity<sup>1</sup> products, you can develop a retirement strategy that builds on our years of financial strength and our commitment to you and your family. For more than [165] years, New York Life has kept our promises to our policyholders. It's that commitment to keeping our promises that makes us *The Company You Keep*.<sup>®</sup>

For more information about using your fixed deferred annuity<sup>1</sup> to fund your long-term care insurance needs, please [complete and return the reply card] [or] [reply to this e-mail] [or] contact me at [AGENT PHONE].

Sincerely,

*[Signature Here]*

[AGENT NAME]  
[Agent], New York Life Insurance Company  
[CA License # - CA only]  
[PHONE NUMBER]

The purpose of this letter is solicitation of insurance. An insurance agent may contact you. You should consult your own tax advisor. Long-Term Care Insurance is issued on policy form series ILTC-5000 and INH-5000 with a state identifier [XX], where applicable and edition date. These policies may have exclusions and limitations. New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010. [©] [2010] New York Life Insurance Company. [All rights reserved.]

421980CV-A

*{BRC is optional}*

(Detach and return this section in the enclosed postage-paid envelope today!)

**Yes**, I would like more information about long-term care insurance from New York Life Insurance Company for...

Myself

My spouse/partner

A friend or family member

Tel: (\_\_\_\_) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ AM PM

E-mail address: \_\_\_\_\_

[Prospect Name]  
[Address]  
[City, State Zip]

An insurance agent may contact you as a result of mailing this card.  
421980CV-B [Print ID Number 0000000000000]

<sup>1</sup> Issued by New York Life Insurance and Annuity Corporation, a wholly owned subsidiary of New York Life Insurance Company.

<sup>2</sup> Funds must be transferred directly via a partial Section 1035 exchange; policyholders may not withdraw funds and then write a check for premiums.

<sup>3</sup> California law S.401 states that annuities used to pay for long-term care insurance premiums may be subject to state tax, even though they are tax-free for federal tax purposes.]

<sup>4]</sup>New York Life Insurance agents and their employees are not tax advisors. Please consult with your own tax advisor before making any financial decisions.

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statements of Variability

**Comments:**

**Attachments:**

421980CV-A SOV.pdf

421980CV-B SOV.pdf

**Statement of Variability – 421980CV-A**

<b>Form Number</b>	<b>Form Title</b>	<b>Bracketed</b>	<b>Reason</b>
<b>421980CV-A</b>	1035 Exchange Letter	Must be mailed on NYL letterhead as purchased through company program.	For internal use only. Will not appear on version provided to potential clients.
		Agent Name	Varies based on agent/insurance producer using the form
		ADDRESS 1	Varies based on agent/insurance producer using the form
		ADDRESS 2	Varies based on agent/insurance producer using the form
		CITY, ST ZIP	Varies based on agent/insurance producer using the form
		DATE	Varied based on date sent.
		PROSPECT NAME	Varies based on client receiving the form
		ADDRESS 1	Varies based on client receiving the form
		ADDRESS 2	Varies based on client receiving the form
		CITY, ST ZIP	Varies based on client receiving the form
		PROSPECT NAME	Varies based on client receiving the form
		3	In the event California law changes. For use in California only.
		4	If footnote #3 is not used, #4 will become #3.
		165	To update the number of years in the future.
		Complete and return the reply card	Varies based on distribution method: mail, handout, or email
		Or	Varies based on distribution method: mail, handout, or email
		Reply to this e-mail	Varies based on distribution method: mail, handout, or email
		Or	Varies based on distribution method: mail, handout, or email
		AGENT PHONE	Varies based on agent/insurance producer using the form
		Signature Here	Varies based on agent/insurance producer using the form
		AGENT NAME	Varies based on agent/insurance producer using the form
		Agent	Varies based on agent/insurance producer using the form
		CA License # - <i>CA only</i>	For use in California only.
		PHONE NUMBER	Varies based on agent/insurance producer using the form
		State Identifier within Disclosure	Will be used only if required by state and may include a list of states.
		Copyright	To include copyright, year, and All Rights Reserved; and to update the year in the future.
		<sup>3</sup> California law S.401 states that annuities used to pay for long-term care insurance premiums may be subject to state tax, even though they are tax-free for federal tax purposes.	In the event California law changes. For use in California only.
		<sup>4</sup>	If footnote #3 is not used, #4 will become #3.

**Statement of Variability – 421980CV-B**

<b>Form Number</b>	<b>Form Title</b>	<b>Bracketed</b>	<b>Reason</b>
<b>421980CV-B</b>	Business Reply Section	BRC is optional	“{ }” indicates internal instructions only – this will not appear on the piece presented to prospective clients. Form 421980CV-A can be used with or without form 421980CV-B.
		PROSPECT NAME	Varies based on client receiving the form
		ADDRESS	Varies based on client receiving the form
		CITY, ST ZIP	Varies based on client receiving the form
		Print ID Number 0000000000000000	Identification number to be used by our printer varies.