

SERFF Tracking Number: LFCR-127737189 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 50067
Company Tracking Number: AR MMAR-AR
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: SignatureCare
Project Name/Number: /

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: SignatureCare SERFF Tr Num: LFCR-127737189 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num: 50067
Sub-TOI: LTC03I.001 Qualified Co Tr Num: AR MMAR-AR State Status: Approved-Closed
Filing Type: Form Reviewer(s): Donna Lambert
Authors: Smith Darlene, Trudy Weigel Disposition Date: 10/20/2011
Date Submitted: 10/19/2011 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date: 11/21/2011
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 10/18/2011
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/20/2011
State Status Changed: 10/20/2011
Deemer Date: Created By: Smith Darlene
Submitted By: Smith Darlene Corresponding Filing Tracking Number:
Filing Description:
RE: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY - NAIC # 65935
Long Term Care filing of Tax-Qualified Policy Form MMAR-AR, Application for Reinstatement of Long Term Care Insurance

The above referenced form is being filed for your review and approval. This application will be used in conjunction with the Company's previously approved Long Term Care policies. Please note that this reinstatement application will be used with closed blocks of business no longer being marketed.

This form has been filed and approved in the Company's domiciliary state, Massachusetts.

Thank you for your assistance with this filing.

Sincerely,

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Trudy Weigel
 Compliance Analyst
 Phone: (800) 366-5463, extension 2240
 Email: Trudy.Weigel@LifeCareAssurance.com

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]

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation: Massachusetts form filing fee is \$75.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$75.00	10/19/2011	52980151

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/20/2011	10/20/2011

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Disposition

Disposition Date: 10/20/2011

Implementation Date: 11/21/2011

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	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	AR CERTIFICATION OF COMPLIANCE	Accepted for Informational Purposes	Yes
Form	APPLICATION FOR REINSTATEMENT OF LONG TERM CARE INSURANCE	Approved	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/20/2011	MMAR-AR	Application/Enrollment Form	APPLICATION FOR REINSTATEMENT OF LONG TERM CARE INSURANCE	Initial			MMAR-AR.pdf

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

APPLICATION FOR REINSTATEMENT OF LONG TERM CARE INSURANCE

(PLEASE PRINT)

POLICY NO. X00000001

MMAR-AR

Applicant Information	① Policyholder (First Name, Middle Initial, Last Name) <u>John Doe</u>	Height <u>6' 0"</u>	Weight <u>180</u>	Birthdate <u>1-1-56</u>	Age <u>55</u>
	② Joint Policyholder (if joint coverage) <u>Jane Doe</u>	Height <u>5' 5"</u>	Weight <u>130 lbs.</u>	Birthdate <u>1-1-61</u>	Age <u>50</u>
	Address <u>123 Main St.</u>		Phone Work: <u>(555) 555-1212</u> Home: <u>(555) 555-1212</u> Other: <u>(555) 555-1212</u>		
	City, State, Zip <u>Anytown, ST 12345-6789</u>		Acceptable times to call: <input checked="" type="radio"/> Day <input type="radio"/> Evening <input type="radio"/> Sat/Sun		

HEALTH QUESTIONS - Complete for both ① Policyholder and ② Joint Policyholder (if joint coverage).

- During the past 2 years, have you been confined to a hospital, nursing facility, home for the aged or any other care facility; or has a doctor recommended such confinement or the services of a trained attendant in your place of residence? **①** Yes No **②** Yes No
- Do you need assistance or supervision for everyday activities such as cooking, dressing, eating, housekeeping, bathing, toileting, shopping or walking? **①** Yes No **②** Yes No
- Are you confined to a bed; or do you use a wheelchair, walker, braces, or cane; require kidney dialysis or use oxygen equipment? **①** Yes No **②** Yes No
- During the past 10 years, have you been medically advised or treated for: (a) Alzheimer's disease or dementia; (b) Amyotrophic Lateral Sclerosis; (c) Parkinson's disease; (d) brain disorder; (e) systemic lupus; (f) cirrhosis of the liver; or (g) alcohol or drug dependency or abuse? **①** Yes No **②** Yes No
- During the past 5 years, have you been medically advised or treated for: (a) cancer; (b) diabetes; (c) arthritis or osteoporosis; (d) high blood pressure, heart disorder, stroke or TIA, or circulatory system disorder; (e) emphysema or other respiratory disorder; (f) kidney disorder; or (g) depression or nervous system disorder? **①** Yes No **②** Yes No

Provide full details below for any "Yes" answer. Indicate Policyholder ① or ②.

Pol. ① or ②	Ques. No.	From Date	To Date	Describe Condition, Treatment and Medication Prescribed	Name and Address of Doctor or Care Facility

CAUTION: If your answers on this application are incorrect or untrue, Massachusetts Mutual Life Insurance Company may have the right to deny benefits or rescind your policy.

AGREEMENT — The answers given are complete and true to the best of my knowledge and belief. I understand that the Company will rely on my written answers to the questions in this reinstatement application and that if my answers are not complete and true, my policy may not be valid.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY. DO NOT MAKE CHECKS PAYABLE TO AGENT OR LEAVE PAYEE BLANK.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Representations of the Policyholder(s)	Signed at <u>Anytown, ST</u>	<u>John Doe</u>	<u>11-1-11</u>
	City, State	Policyholder's Signature	Date
	<u>John Q. Porter</u>	<u>Jane Doe</u>	<u>11-1-11</u>
	Agent's Signature	Joint Policyholder's Signature	Date
	<u>1234</u>		
	Ident. Code		

MMAR-AR

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

Policy number X00000001 Premium \$ 3,993.26 received from John Doe

It is understood and agreed that payment is accepted subject to completion and return of the attached reinstatement application. The Company assumes no liability by the issuance of this receipt unless and until reinstatement is approved. We will notify you of approval or disapproval within 45 days of the date of this receipt. If your application is disapproved the amount submitted will be returned to you.

11-1-11 Date By: John Q. Porter 1234 Ident. Code
 Agent or Company Representative

POLICYHOLDER — Retain this receipt for your records.

MMAR-AR

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	10/20/2011
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	10/20/2011
Bypass Reason:	See Form Schedule		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	10/20/2011
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	10/20/2011
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	AR CERTIFICATION OF COMPLIANCE	Accepted for Informational Purposes	10/20/2011

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Comments:

Attachment:

AR CERTIFICATION OF COMPLIANCE.pdf

CERTIFICATION OF COMPLIANCE

Insurer: Massachusetts Mutual Insurance Company

The company has reviewed the enclosed policy form(s) and certified that they comply with the provision of Rule and Regulation 13 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature: Trudy Weigel

Name: Trudy Weigel

Title: Compliance Analyst

Date: October 18, 2011