

SERFF Tracking Number: NWLT-127670215 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 49925
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long-Term Care Select Premier
Project Name/Number: Rate Adjustment - New Business Only/

Filing at a Glance

Company: New York Life Insurance Company
Product Name: Long-Term Care Select Premier SERFF Tr Num: NWLT-127670215 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved- State Tr Num: 49925
Closed
Sub-TOI: LTC03I.001 Qualified Co Tr Num: State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Donna Lambert,
Stephanie Fowler
Authors: Jeanette Slabaugh, Mary Disposition Date: 10/03/2011
Barrett, Cindy Ruty
Date Submitted: 09/29/2011 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date: 01/01/2012
State Filing Description:

General Information

Project Name: Rate Adjustment - New Business Only Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/03/2011
State Status Changed: 10/03/2011
Deemer Date: Created By: Cindy Ruty
Submitted By: Cindy Ruty Corresponding Filing Tracking Number:
Filing Description:
RE: Rate adjustment for new insureds for existing product.
Applies to: NAIC #66915 FEIN #13-5582869
Previous SERFF Tracking Number: NWLT-127404629

Form Numbers: ILTC-5000 (AR) (1001) and INH-5000 (AR) (1001), et al
Form types: Long-Term Care Insurance Policy and Nursing Home and Assisted Care Living Facility Insurance Policy
Approval Date: 8/13/2002

SERFF Tracking Number: NWL-127670215 State: Arkansas
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Dear Sir or Madam,

The included submission is a request for a premium rate adjustment applicable to future insureds for the above listed policy forms. This premium rate adjustment is for new business only and does not impact any in force business.

We find that our rates must be updated for new business. The base policy and inflation rider premium rates are being increased due to changes in investment returns, mortality, lapses, and morbidity. The submitted rates are on average approximately 30% higher than current rates for this policy series.

There have been no changes or additions to the benefit features or provisions from our current portfolio, Subject to your acceptance, the new premium rates will be applied on a prospective basis for coverage issued on or after January 1, 2012.

While this rate adjustment changes rates for all ages, the most significant changes are at the younger issue ages.

The following items are included in this submission:

- this submission letter.
- all actuarial material.
- all required certifications.

Please note that we have populated the Rate/Rule Schedule as per your department's 9/29/11 Rejection letter. Additionally, Form Number ALTC-5060 has been added to the Actuarial Memorandum under Benefit Description.

Thank you for your consideration and approval of this rate adjustment. If you should have any questions concerning the content of the filing, please contact Cindy Rutty at 512-703-5501 or crutty@newyorklifeltc.com.

Mike Francescone
Vice President & Actuary

Company and Contact

Filing Contact Information

Cindy Rutty, Contract & Compliance Associate crutty@newyorklifeltc.com

III

6200 Bridge Point Parkway
Suite 400

800-723-5555 [Phone] 5501 [Ext]
512-703-5564 [FAX]

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	09/29/2011	52304797

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/03/2011	10/03/2011
Disapproved	Donna Lambert	10/03/2011	10/03/2011

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Disposition

Disposition Date: 10/03/2011

Implementation Date: 01/01/2012

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2012. This approval is subject to the following:

- This increase only applies to new business and shall not be imposed on current policyholders.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
New York Life Insurance Company	30.000%	30.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: *NWLT-127670215* State: *Arkansas*
 Filing Company: *New York Life Insurance Company* State Tracking Number: *49925*
 Company Tracking Number:
 TOI: *LTC03I Individual Long Term Care* Sub-TOI: *LTC03I.001 Qualified*
 Product Name: *Long-Term Care Select Premier*
 Project Name/Number: *Rate Adjustment - New Business Only/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	AR LTC Rate	Approved	Yes

SERFF Tracking Number: NWLT-127670215 State: Arkansas
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Disposition

Disposition Date: 10/03/2011

Implementation Date: 10/03/2011

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, based on the possible impact a 30% increase would have on the citizens of Arkansas, we are not in a position to approve your request at this time.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
New York Life Insurance Company	30.000%	30.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: *NWLT-127670215* *State:* *Arkansas*
Filing Company: *New York Life Insurance Company* *State Tracking Number:* *49925*
Company Tracking Number:
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Product Name: *Long-Term Care Select Premier*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	AR LTC Rate	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 30.000%
Effective Date of Last Rate Revision: 08/13/2002
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
New York Life Insurance Company	30.000%	30.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 10/03/2011	AR LTC Rate	ILTC-5000 (AR) (1001), INH-5000 (AR) (1001)	Other	Previous State Filing Number: Rate Action Other Explanation:	n/a AR LTC Rate .pdf New business rate adjustment effective 01/01/2012.



New York Life Insurance Company

Long-Term Care Division

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800-723-5555 x 5585

E-mail: mfrancescone@newyorklifeltc.com

www.newyorklifeltc.com

Mike Francescone, VP & Actuary

September 23, 2011

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

RE: Rate adjustment for new insureds for existing product. Applies to:

NAIC #66915

FEIN #13-5582869

Form Number	Form type	Approval Date	Approval Number
ILTC-5000 (AR) (1001), et al	Long-Term Care Insurance Policy	8/13/2002	N/A
INH-5000 (AR) (1001), et al	Nursing Home and Assisted Care Living Facility Insurance Policy	8/13/2002	N/A

Dear Sir or Madam,

The included submission is a request for a premium rate adjustment applicable to future insureds for the above listed policy forms. This premium rate adjustment is for new business only and does not impact any in force business.

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There have been *no* changes or additions to the benefit features or provisions from our current portfolio, Subject to your acceptance, the new premium rates will be applied on a prospective basis for coverage issued on or after January 1, 2012.

While this rate adjustment changes rates for all ages, the most significant changes are at the younger issue ages.

The following items are included in this submission:

- this submission letter.
- all actuarial material.
- all required certifications.

Thank you for your consideration and approval of this rate adjustment. If you should have any questions or concerning the content of the filing, please contact Mary Barrett at 512-344-5861 or mbarrett2@newyorklifeltc.com.

Mike Francescone
Vice President & Actuary

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Health - Actuarial Justification	Approved	Date: 10/03/2011
Comments:		
Attachment:		
AR 2011 Act Memo.pdf		