

SERFF Tracking Number: NWLT-127149815 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 48640
Company Tracking Number: 444195CV
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: LTCi Shield of Protection/444195CV

Filing at a Glance

Company: New York Life Insurance Company

Product Name: 5.0 Select Premier

TOI: LTC05I Individual Long Term Care -
Nursing Home & Home Health Care

Sub-TOI: LTC05I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: NWLT-127149815 State: Arkansas

SERFF Status: Closed-Filed- State Tr Num: 48640
Closed

Co Tr Num: 444195CV

State Status: Filed-Closed

Reviewer(s): Stephanie Fowler,
Harris Shearer

Author: Cindy Rutty

Disposition Date: 05/16/2011

Date Submitted: 05/02/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LTCi Shield of Protection

Project Number: 444195CV

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/16/2011

State Status Changed: 05/16/2011

Created By: Cindy Rutty

Corresponding Filing Tracking Number:
444195CV

Deemer Date:

Submitted By: Cindy Rutty

Filing Description:

Re: New York Life Insurance Company

NAIC # 0826-66915 FEIN # 13-5582869

Long-Term Care Advertising Form Number 444195CV

Dear Sir or Madam,

The above-captioned form is being submitted for your review. This form is new and does not replace any previously approved form.

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Form #444195CV is considered an Institutional advertisement. The form will be distributed by our agents or the Company directly as an informational mailer or handout to prospects, clients, and the general public.

We want to have the right to use this form 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.

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

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.

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

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
Suite 400	Group Name:	State ID Number:
Austin, TX 78730-5006	FEIN Number: 13-5582869	

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(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	05/02/2011	47130344

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/16/2011	05/16/2011

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Disposition

Disposition Date: 05/16/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: 444195CV

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 05/16/2011	444195CV	Advertising	LTCi Shield of Protection	Initial			444195CV.pdf



How would you describe an ideal risk management tool?

How would you describe an ideal risk management tool?

Should it help preserve your income and assets? Would it help provide funds to you in a time of need—with choices to be used as you prefer? Could it help keep your savings and investments intact so they might be of benefit to you and your family?

You must be thinking about Long-Term Care Insurance from New York Life Insurance Company. It's like a shield of protection surrounding your income and assets so you can be thinking more about the joys of living a long life.



Call [1-800-692-3086]
or speak with your agent to learn more
about long-term care insurance.

[[The purpose of this material is solicitation of insurance. An insurance agent may contact you. 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.]]
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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Statement of Variability	Filed	Date: 05/16/2011
Comments:		
Attachment:		
444195CV SOV.pdf		

Statement of Variability – 444195CV

Form Number	Form Title	Bracketed	Reason
444195CV	LTCi Shield of Protection	Phone number	To update phone number if needed.
		Disclosure	Will only be removed for internal use for the purpose of employee or agent training. The disclosure will always appear for consumer use.
		ILTC-5000 and INH-5000 within Disclosure	To allow for use with other policy series if necessary.
		State Identifier within Disclosure	Will be used only if required by state and may include a list of states.
		Copyright year	To update the year in the future.
		Source Code	Identification number to be used by our printer varies.