

SERFF Tracking Number: NWLT-127293915 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 49221
Company Tracking Number: 448109CV
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 Awareness Letter / 448109CV/ 448109CV

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-127293915 State: Arkansas

SERFF Status: Closed-Filed- State Tr Num: 49221
Closed

Co Tr Num: 448109CV

State Status: Filed-Closed

Reviewer(s): Stephanie Fowler

Author: Mary Barrett

Disposition Date: 08/04/2011

Date Submitted: 07/05/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LTCi Awareness Letter / 448109CV

Project Number: 448109CV

Requested Filing Mode: Review & Approval

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: 08/04/2011

State Status Changed: 08/04/2011

Created By: Mary Barrett

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mary Barrett

Filing Description:

Re: New York Life Insurance Company

NAIC # 0826-66915 FEIN # 13-5582869

Long-Term Care Advertising Form Numbers: 448109CV and 448010CV

May be used with previously approved Business Reply Card: 421980CV-B

Dear Sir or Madam,

The above-captioned forms are being submitted for your review. Both, 448109CV and 448010CV, forms are new and do not replace any other forms. These forms are letters which may be used as stand-alone or with approved form

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421980CV-B, an optionally detachable business reply section which corresponds to the variables in the letters. Form #421980CV-B was approved under SERFF Filing Number NWLT-126790572 on 9/27/2010, and remains unchanged from the currently approved form.

These 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 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.

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 512-334-5861 or mbarrett2@newyorklifeltc.com.

Sincerely,

Mary Barrett, FLMI, AIRC, ALHC, HIA, ACS
Senior Contracts & Compliance Analyst
New York Life Insurance Company, Long-Term Care Division

Company and Contact

Filing Contact Information

Mary Barrett, Sr. Contracts & Compliance Associate
6200 Bridge Point Parkway
Suite 400
Austin, TX 78730-5006
mbarrett2@newyorklifeltc.com
800-723-5555 [Phone] 5861 [Ext]
512-703-5564 [FAX]

Filing Company Information

New York Life Insurance Company
6200 Bridge Point Parkway
CoCode: 66915
Group Code: 826
State of Domicile: New York
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]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50.00 x 2 advertising forms.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$100.00	07/05/2011	49405318

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/04/2011	08/04/2011

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statement of Variability	Filed-Closed	Yes
Form	LTCi Awareness Letter to Consumers	Filed-Closed	Yes
Form	Agent Family Letter	Filed-Closed	Yes

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Form Schedule

Lead Form Number: 448109CV

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 08/04/2011	448109CV	Advertising	LTCi Awareness Letter to Consumers	Initial			448109CV LTCi Awareness Letter to Consumers.pdf
Filed-Closed 08/04/2011	448010CV	Advertising	Agent Family Letter	Initial			448010CV Agent Family Letter.pdf

[Agent Name]
New York Life Insurance Company
[ADDRESS 1]
[ADDRESS 2]
[CITY, ST ZIP]

[DATE]

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

Dear [Prospect Name]:

November is Long-Term Care Awareness Month and New York Life Insurance Company (New York Life) is proud to support this time by showing you the true value and benefits that can come along with planning for a long life.

Many people think that long-term care insurance is just for the elderly and only covers care in a nursing facility. In fact, long-term care insurance may provide coverage for an entire spectrum of long-term care services from assisted living facilities to nursing facilities. It could also include in-home/ informal/ rehabilitative care. Did you know that in some states, a family member, friend or neighbor not living in the insured's home can receive compensation for being a caregiver to their loved one?

Long-term care insurance can play such an important role in one's overall financial plan. According to a recent study "Baby Boomers who had a parent who needed long-term care and used their long-term care insurance policy felt that it:

- Lessened the financial assistance from family and lessened the family contribution to care, 84%
- Lessened the time for care by other family, 77%
- Increased the quality of care, 76%
- Preserved the parents' nest egg, 70%."¹

We understand that your quality of life is important to you; that's why it's important to us! As November is long-term care awareness month, reply today and find out how you can be protected. For additional information, please visit us on the web at www.newyorklife.com or [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]

[AGENT PHOTO]

[[The purpose of this letter is solicitation of insurance. If you reply to this letter an insurance agent may contact you. You should consult your own tax advisor. Long-Term Care Insurance is issued on policy form series [ILTC-5000and 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. © [2011] New York Life Insurance Company. All rights reserved.

¹ New York Life Long-Term Care Insurance Study. Mathew Greenwald & Associates, September 2010.

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

[DATE]

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

Dear [First Name]:

When thinking about the future, I encourage you to include long-term care planning, in your thoughts. Long-term care insurance may enable a person to live comfortably in their home for many years and it's a way for a family, like ours, to demonstrate just how much they care about each other.

As my relative, if you qualify for a long-term care insurance policy from New York Life Insurance Company (New York Life) at our standard rates, you can receive a 10% discount. Couples who apply and are approved may receive an additional 15% discount. Plus, there may be tax advantages for which you may qualify!

New York Life's mutual structure, financial strength ratings¹, claims paying ability and reputation for honoring long-term promises, I believe, makes us an ideal long-term care insurance provider. I encourage you to consider the important role long-term care insurance can play in your life, and your overall financial plan.

I would appreciate the opportunity to discuss the value of long-term care planning and the quality of New York Life further. [I am also looking forward to hearing how you and your family are doing.] For more information about long-term care insurance, please contact me at [AGENT PHONE].

Best regards,

[Signature Here]

[Agent Photo]

[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. © [2011] New York Life Insurance Company. All rights reserved.

448010CV

¹ New York Life Insurance Company & New York Life Insurance and Annuity Corporation; A++ from A.M. Best [rating Affirmed June, 2011], Aaa from Moody's [Rating Affirmed July, 2010], AA+ from Standard and Poor's [Rating Affirmed April, 2011], AAA from Fitch [Rating Affirmed January, 2011]

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Statement of Variability	Filed-Closed	08/04/2011
Comments:		
Attachment:		
SOV 448109CV&44810CV.pdf		

Statement of Variability – 448109CV & 448010 CV

Form Number	Form Title	Bracketed	Reason
448109CV	LTCi Awareness Letter to Consumers	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
		complete and return the reply card or reply to this e-mail 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.
		AGENT PHONE	Varies based on agent/insurance producer using the form
		Disclosure	Will be removed for internal use only purpose of employee or agent training.
		ILTC-5000 and INH-5000 within Disclosure	To allow for use with future filed and approved policy series.
		State Identifier within Disclosure	Will be used only if required by state and may include a list of states.
		Copyright	To update the year in the future.
448010CV	Agent Family Letter	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

Statement of Variability – 448109CV & 448010 CV

448010 CV (Continued)	LTC Letter for agent family members		
		PROSPECT 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
		Family statement	Varies based on agent/insurance producer using the form
		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 # - CA only	For use in California only.
		Disclosure	Will be removed for internal use only purpose of employee or agent training.
		ILTC-5000 and INH-5000 within Disclosure	To allow for use with future filed and approved policy series.
		State Identifier within Disclosure	Will be used only if required by state and may include a list of states.
		Copyright	To update the year in the future.