Filing at a Glance

Company:	Northwestern Long Term Care Insurance Company
Product Name:	90-1972 LTC (0213)
State:	Arkansas
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form
Date Submitted:	11/09/2012
SERFF Tr Num:	NWST-128764694
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	90-1972 LTC (0213)
Implementation Date Requested:	On Approval
Author(s):	Angela Hanson, Debbie Orr, Mai Xiong
Reviewer(s):	Stephanie Fowler (primary)
Disposition Date:	11/19/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: *Arkansas* **Filing Company:** *Northwestern Long Term Care Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *90-1972 LTC (0213)*
Project Name/Number: *90-1972 LTC (0213)/90-1972 LTC (0213)*

General Information

Project Name: 90-1972 LTC (0213)
Project Number: 90-1972 LTC (0213)
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Debbie Orr

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/19/2012
State Status Changed: 11/19/2012
Created By: Debbie Orr
Corresponding Filing Tracking Number:

Filing Description:

We are submitting, for your review and approval, our updated Long-Term Care Insurance Personal Worksheet (form 90-1972 LTC (0213)), which contains updated language in the ‘Rate Increase History’ section of the form. We are also including a Statement of Variability that explains the bracketing contained in this form.

We are planning to implement the revised form in the first quarter of 2013, pending your department’s approval.

If you should have any questions regarding the enclosed form, please call me at (414) 665-7233 or you can e-mail me at angelashanson@northwesternmutual.com . For e-mail correspondence, please copy Debbie Orr at debbieorr@northwesternmutual.com.

Sincerely,

Angela S. Hanson
Product Compliance Manager
Actuarial Department

Company and Contact

Filing Contact Information

Angela Hanson, Product Compliance Consultant
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414-665-7233 [Phone]
414-665-5006 [FAX]

Filing Company Information

Northwestern Long Term Care Insurance Company
720 East Wisconsin Avenue
Rm S845
Milwaukee, WI 53202
(414) 271-1444 ext. [Phone]

CoCode: 69000
Group Code: 860
Group Name:
FEIN Number: 36-2258318

State of Domicile: Wisconsin
Company Type: Long Term Care
State ID Number:

State: *Arkansas* **Filing Company:** *Northwestern Long Term Care Insurance Company*
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Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50 per form
Per Company:	No

Company	Amount	Date Processed	Transaction #
Northwestern Long Term Care Insurance Company	$50.00	11/09/2012	64750984

State: *Arkansas* **Filing Company:** *Northwestern Long Term Care Insurance Company*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/19/2012	11/19/2012

State: *Arkansas* **Filing Company:** *Northwestern Long Term Care Insurance Company*
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Disposition

Disposition Date: 11/19/2012
Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Long Term Care Insurance Personal Worksheet	Approved-Closed	Yes

State: *Arkansas* **Filing Company:** *Northwestern Long Term Care Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
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Form Schedule

Lead Form Number: 90-1972 LTC (0213)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	Approved-Closed 11/19/2012	Long Term Care Insurance Personal Worksheet	90-1972 LTC (0213)	AEF	Revised	Previous Filing Number:	44747	0.000	90-1972 LTC (0213) STD 1010.pdf
						Replaced Form Number:	90-1972 LTC (1010)		

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY
ADMINISTRATION OFFICE, P.O. BOX 64009, ST. PAUL, MN 55164-9918

LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and **ask** you to fill out the rest to help you and the Company decide if you should buy this policy.

Premium Information - Must be filled out by the Agent

Policy Form Number: TT.LTC.(1010)

The premium for the coverage you are considering will be:

◯ $ _____ per month, or ◯ $ _____ per year.

Type of Policy: Guaranteed Renewable

The Company's Right to Increase Premiums

The Company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History

The Company has sold long-term care insurance since 1998 and has sold this policy since 2010. The Company has raised its premium rates on this policy form or similar policy forms in the last 10 years. Following is the summary of the rate increases:

Policy Form Series	Percentage of Increase	Effective Date
TT.LTC.(1010) (new issues on or after the effective date only)	[1]{0-129}%	[2]{February 1, 2013}

Premiums increased by an average of 26%.

QUESTIONS RELATED TO YOUR INCOME - MUST BE FILLED OUT BY APPLICANT

How will you pay each year's premiums?

◯ From my income ◯ From my Savings/Investments ◯ My Family will pay ◯ Other _____

Have you considered whether you could afford to keep this policy if the premiums were raised, for example, by 20%? ◯ Yes ◯ No

What is your annual income? *(select one)*

◯ Under $10,000 ◯ $10,000 - $24,999 ◯ $25,000 - $49,999

◯ $50,000 - $99,999 ◯ $100,000 - $149,999 ◯ $150,000 - $249,999 ◯ $250,000 or more

How do you expect your income to change over the next 10 years? *(select one)*

◯ No Change ◯ Increase ◯ Decrease

If you will be paying premiums with money received only from your own income, a general rule is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? ◯ Yes ◯ No

If not, have you considered how you will pay for the difference between future costs and your monthly benefit amount? ◯ From my income ◯ From my Savings/Investments ◯ My Family will pay

The national average annual cost of care in 2007 was $71,000, but this figure varies across the country. In ten years the national average annual cost would be about $116,000 if costs increase 5% annually.

What elimination period are you considering?

Number of Weeks _____ Approximate cost $ _____ for that period of care

(Average weekly cost of care in area multiplied by the elimination period selected)

How are you planning to pay for your care before the beginning date? (check one)

☐ From My Income ☐ From My Savings/Investments ☐ My Family will pay

QUESTIONS RELATED TO YOUR SAVINGS AND INVESTMENTS - MUST BE FILLED OUT BY APPLICANT

Not counting your home, about how much are all of your assets (your savings and investments) worth? *(check one)*

◯ Under $30,000 ◯ $30,000-$99,999 ◯ $100,000-$249,999 ◯ $250,000 - $499,999 ◯ $500,000-$999,999
◯ $1,000,000 or more

How do you expect your assets to change over the next ten years? *(check one)*

◯ Stay about the same ◯ Increase ◯ Decrease

If you are buying this policy to protect your assets and your assets are less than $30,000, you may wish to consider other options for financing your long-term care.

DISCLOSURE STATEMENT

MUST CHECK ONE:

◯ The answers to the questions above describe my financial situation
OR
◯ I choose not to complete this information

THE FOLLOWING MUST BE READ AND THE BOX CHECKED:

☐ I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future.
I understand the above disclosures.
I understand that the rates for this policy may increase in the future.

SIGNATURE OF **APPLICANT** _____ DATE (MM/DD/YYYY) _____

AGENT - THIS BOX MUST BE CHECKED

☐ I explained to the Applicant the importance of completing this information.

SIGNATURE OF **AGENT** _____ DATE (MM/DD/YYYY) _____

AGENT'S Printed Name _____

Applicant sign below - if applicable:

☐ My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

The Company may contact you to verify your answers.

SIGNATURE OF **APPLICANT** _____ DATE (MM/DD/YYYY) _____

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-1972 LTC (0213)
Project Name/Number: 90-1972 LTC (0213)/90-1972 LTC (0213)

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not applicable		

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable		

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not applicable		

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not applicable		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	11/19/2012
Comments:			
Attachment(s):			
1 SOV 90-1972 LTC (0213).pdf			

Statement of Variability

For form 90-1972 LTC (0213)

(Variability is denoted by brackets)

Reference	Bracketed Item	Explanation of Variability
1	Percentage of Increase	Ranges depending on availability of benefit periods and pay periods: • 0-159% (including limited pay, 10-year benefit period and lifetime benefit period) • 0-156% (excluding limited pay, but including 10-year benefit period and lifetime benefit period) • 0-129% (excluding limited pay and lifetime benefit period, but including 10-year benefit period) • 0-129% (excluding limited pay 10-year benefit period and lifetime benefit period)
2	Effective Date	This will vary depending on state approval and implementation of revised rates.