

**State:** Arkansas **Filing Company:** New York Life Insurance Company  
**TOI/Sub-TOI:** LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified  
**Product Name:** 5.0 Select Premier  
**Project Name/Number:** Retirement Planning Postcard/492939

## Filing at a Glance

Company: New York Life Insurance Company  
Product Name: 5.0 Select Premier  
State: Arkansas  
TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care  
Sub-TOI: LTC05I.001 Qualified  
Filing Type: Advertisement  
Date Submitted: 12/05/2012  
SERFF Tr Num: NWLT-128781821  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 492939  
  
Implementation: On Approval  
Date Requested:  
Author(s): Marlyse Tritt  
Reviewer(s): Donna Lambert (primary)  
Disposition Date: 12/05/2012  
Disposition Status: Approved  
Implementation Date:  
  
State Filing Description:

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**Product Name:** 5.0 Select Premier  
**Project Name/Number:** Retirement Planning Postcard/492939

## General Information

Project Name: Retirement Planning Postcard

Project Number: 492939

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Marlyse Tritt

Filing Description:

Re: New York Life Insurance Company

NAIC # 0826-66915 FEIN# 13-5582869

Long-Term Care Advertising Form Number 492939

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 12/05/2012

State Status Changed: 12/05/2012

Created By: Marlyse Tritt

Corresponding Filing Tracking Number:

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.

Form # 492939 is a postcard and is considered an Invitation to Inquire advertisement. This form will be distributed by our agents or the company directly as an information 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 the other formats, such as:

- Media, including newspapers, magazines, journals or periodicals.
- Websites, including New York Life Insurance Company websites, 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 and belief, 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 512-344-5912 or mtritt@newyorklifeltc.com.

Sincerely,

Marlyse Tritt

Specialist – Compliance

New York Life Insurance Company, Long-Term Care

## Company and Contact

**State:** Arkansas **Filing Company:** New York Life Insurance Company  
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**Product Name:** 5.0 Select Premier  
**Project Name/Number:** Retirement Planning Postcard/492939

**Filing Contact Information**

Marlyse Tritt, Contracts & Compliance mtritt@newyorklifeltc.com  
 Associate III  
 6200 Bridge Point Parkway 512-344-5912 [Phone]  
 Suite 400  
 Austin, TX 787300

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

**Filing Fees**

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

Company	Amount	Date Processed	Transaction #
New York Life Insurance Company	\$50.00	12/05/2012	65447834

SERFF Tracking #:

NWLT-128781821

State Tracking #:

Company Tracking #:

492939

State:

Arkansas

Filing Company:

New York Life Insurance Company

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LTC05I Individual Long Term Care - Nursing Home & Home Health Care/LTC05I.001 Qualified

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	12/05/2012	12/05/2012

SERFF Tracking #:

NWLT-128781821

State Tracking #:

Company Tracking #:

492939

State:

Arkansas

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## Disposition

Disposition Date: 12/05/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statement of Variability	Approved	Yes
Form	Retirement Planning Postcard	Approved	Yes

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## Form Schedule

### Lead Form Number: 492939

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 12/05/2012	Retirement Planning Postcard	492939	ADV	Initial			492939_LTCi Postcard_2012.pdf

### Form Type Legend:

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

Successful retirement planning is part asset accumulation, part asset protection.



Long-Term Care Insurance

Successful retirement planning is part asset accumulation, part asset protection.



Long-Term Care Insurance

[New York Life Insurance Company]  
[Agent or Producer DBA Name]

Help protect the wealth you've spent a lifetime accumulating with a retirement plan that includes long-term care insurance.

Call me today. Together we can make a plan that is as unique as you.

[Sender-  
Photo]

[[SenderNameSuffixDesignations]]

[[Agent (Producer WA only)]]

[[CA License #000000 (CA only)]]

[[SenderPhone]]

[[SenderEmail]]

492939

POSTAGE

[[SenderAddressLine1]]

[[SenderAddressLine2]]

[[SenderAddressLine3]]

[[SenderCityStateZip]]

[[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 [[LTC-5000]] and [[INH-5000]] with state identifier [xx], where applicable and edition date [(xxxx)]. [These policies may have exclusions and limitations.] [[Copyright [2012]] [51 Madison Avenue New York, NY 10010] All rights reserved. [XXXX]

SCAN AREA

SERFF Tracking #:

NWLT-128781821

State Tracking #:

Company Tracking #:

492939

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved	12/05/2012
Comments:			
Attachment(s):			
Statement of Variability.pdf			

## Statement of Variability – 492939/Retirement Planning Postcard

Form Number	Bracketed	Reason
492939	New York Life Logo	Will be deleted if used in format other than postcard.
	[Agent or Producer DBA Name]	Will only appear if agent/producer will be using own DBA as sending entity.
	[New York Life Insurance Company]	Will only be removed if agent/producer is using own DBA as sending entity.
	[Postage]	Will be removed when used as a print advertisement in a magazine or newspaper.
	[Sender-Photo]	Varies depending on photo of person sending the postcard
	[SenderAddressLine1]	Varies depending on address of person sending postcard
	[SenderAddressLine2]	Varies depending on address of person sending postcard
	[SenderAddressLine3]	Varies depending on address of person sending postcard
	[SenderCityStateZip]	Varies depending on City, State, Zip of person sending postcard
	[SenderNameSuffixDesignations]	Varies depending on name, suffix, or designations of person sending postcard
	[Agent (Producer WA only)]	To allow us to use the term required by the state
	[CA License #000000 (CA only)]	Varies on CA License number of California agent sending postcard
	[SenderPhone]	Varies depending on phone number of person sending postcard
	[SenderEmail]	Varies depending on email of person sending postcard
	Disclosure	May remove portions of the disclosure for internal use only purposes or training.
	[ILTC-5000][and] [INH-5000] within Disclosure	To allow for use with future filed and approved policy series or if only one policy form is available in certain state.
	State Identifier [xx]within Disclosure	Will be used only if required by a state and may include a list of states.
	Edition Date [(xxxx)] within disclosure	Varies depending on edition date of current policy forms
	[XXXX]	Varies depending Edition Date of postcard being sent
	[51 Madison Avenue New York, NY 10010]	Will be updated if the company's address changes or if being used by an agent DBA name
	[[Copyright [2012]]	To update the year in the future