

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership
Product Name: 2012 TT LTC RATES
Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES

Filing at a Glance

Company: Northwestern Long Term Care Insurance Company
Product Name: 2012 TT LTC RATES
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.004 Partnership
Filing Type: Form/Rate
Date Submitted: 08/28/2012
SERFF Tr Num: NWST-128612845
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 2012 TT LTC RATES

Implementation: On Approval
Date Requested:
Author(s): Angela Hanson, John Kotarski, Julie Lewandowski, Debbie Orr, Mai Xiong, Cassandra Hoefke, Samantha Turdo
Reviewer(s): Donna Lambert (primary)
Disposition Date: 09/14/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.004 Partnership
Product Name: 2012 TT LTC RATES
Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES

General Information

Project Name: 2012 TT LTC RATES	Status of Filing in Domicile: Pending
Project Number: 2012 TT LTC RATES	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/14/2012
	State Status Changed: 09/14/2012
Deemer Date:	Created By: Cassandra Hoefke
Submitted By: Debbie Orr	Corresponding Filing Tracking Number:

Filing Description:

This filing is a revision of rates for new sales only. It is not a rate increase filing for inforce policies.

Enclosed with this filing are revised rates for policy form TT.LTC.(1010). We are also adding the option of a 10-year benefit period and, as a result of this addition, please find enclosed with this filing the Long-Term Care Application, form 90-1968 LTC (0213), and the Long-Term Care Application for Policy Change, form 90-1279 LTC (0213). Please also note that we are sending an updated Statement of Variability for policy form TT.LTC.(1010) – the update reflects an adjustment to the percentage of the Spousal/Companion Discount.

We are planning to implement the revised forms and the rates for new issues in the first quarter of 2013 pending your department's approval.

Company and Contact

Filing Contact Information

Mai Xiong, Product Compliance Specialist mai-baoxiong@northwesternmutual.com
 720 E Wisconsin Ave 414-665-7195 [Phone]
 Milwaukee, WI 53202 414-665-5006 [FAX]

Filing Company Information

Northwestern Long Term Care Insurance Company	CoCode: 69000	State of Domicile: Wisconsin
720 East Wisconsin Avenue	Group Code: 860	Company Type: Long Term Care
Rm S845	Group Name:	State ID Number:
Milwaukee, WI 53202	FEIN Number: 36-2258318	
(414) 271-1444 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50 per form & \$50 per rates.
Per Company:	No

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.004 Partnership
Product Name: 2012 TT LTC RATES
Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES

Company	Amount	Date Processed	Transaction #
Northwestern Long Term Care Insurance Company	\$150.00	08/28/2012	62087269

SERFF Tracking #:

NWST-128612845

State Tracking #:

Company Tracking #:

2012 TT LTC RATES

State:

Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

2012 TT LTC RATES

Project Name/Number:

2012 TT LTC RATES/2012 TT LTC RATES

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	09/14/2012	09/14/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	09/04/2012	09/04/2012

Response Letters

Responded By	Created On	Date Submitted
Debbie Orr	09/13/2012	09/13/2012

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership
Product Name: 2012 TT LTC RATES
Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES
Filing Company: Northwestern Long Term Care Insurance Company

Disposition

Disposition Date: 09/14/2012

Implementation Date:

Status: Approved

Comment:

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 req'd):	Minimum % Change (where req'd):
Northwestern Long Term Care Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statements of Variability	Approved	Yes
Form (revised)	Application for Long-Term Care Insurance	Approved	Yes
Form	Application for Long-Term Care Insurance	Replaced	Yes
Form (revised)	Application for Long-Term Care Insurance Policy Change	Approved	Yes
Form	Application for Long-Term Care Insurance Policy Change	Replaced	Yes
Rate	Rates for TT.LTC.(1010)	Approved	Yes

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership
Product Name: 2012 TT LTC RATES
Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/04/2012
Submitted Date	09/04/2012
Respond By Date	10/04/2012

Dear Mai Xiong,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Application for Long-Term Care Insurance, 90-1968 LTC (0213) (Form)
- Application for Long-Term Care Insurance Policy Change, 90-1279 LTC (0213) (Form)

Comments: Please use Arkansas fraud warning. This will ensure our consumers know the penalties for committing insurance fraud in this state. See 23-66-503.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership
Product Name: 2012 TT LTC RATES
Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES

Filing Company: Northwestern Long Term Care Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/13/2012
Submitted Date	09/13/2012

Dear Donna Lambert,

Introduction:

Good Afternoon!

Response 1

Comments:

Per your request, we have revised the fraud language on our application forms 90-1968 LTC (0213) and 90-1279 LTC (0213) to comply with Arkansas insurance code 23-66-503. The fraud language now reads: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If anything further is needed, please let me know.

Thank you,
Mai Xiong

Related Objection 1

Applies To:

- Application for Long-Term Care Insurance, 90-1968 LTC (0213) (Form)
- Application for Long-Term Care Insurance Policy Change, 90-1279 LTC (0213) (Form)

Comments: Please use Arkansas fraud warning. This will ensure our consumers know the penalties for committing insurance fraud in this state. See 23-66-503.

Changed Items:

No Supporting Documents changed.

State: Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: 2012 TT LTC RATES

Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	90-1968 LTC (0213)	AEF	Applicat ion for Long- Term Care Insuran ce	Revised 44747	50.800	90-1968 LTC (0213) AR 09132012.pdf	Date Submitted: 09/13/2012 By: Debbie Orr

Previous Version

<i>1</i>	<i>90-1968 LTC (0213)</i>	<i>AEF</i>	<i>Applicat ion for Long- Term Care Insuran ce</i>	<i>Revised 44747</i>	<i>50.800</i>	<i>90-1968 LTC (0213) AR.pdf</i>	<i>Date Submitted: 09/13/2012 By: Debbie Orr</i>
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2	90-1279 LTC (0213)	AEF	Applicat ion for Long- Term Care Insuran ce Policy Change	Revised 44747	50.500	90-1279 LTC (0213) AR 09132012.pdf	Date Submitted: 09/13/2012 By: Debbie Orr
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Previous Version

State: Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: 2012 TT LTC RATES

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2	90-1279 LTC (0213)	AEF	Applicat ion for Long- Term Care Insuran ce Policy Change	Revised 44747	50.500	90-1279 LTC (0213) AR.pdf	Date Submitted: 09/13/2012 By: Debbie Orr

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Debbie Orr

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership
Product Name: 2012 TT LTC RATES
Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES

Filing Company: Northwestern Long Term Care Insurance Company

Form Schedule

Lead Form Number: 2012 TT Rates							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 09/14/2012	90-1968 LTC (0213)	AEF	Application for Long-Term Care Insurance	Revised: Replaced Form #: 90-1968 LTC (1010) Previous Filing #: 44747	50.800	90-1968 LTC (0213) AR 09132012.pdf
2	Approved 09/14/2012	90-1279 LTC (0213)	AEF	Application for Long-Term Care Insurance Policy Change	Revised: Replaced Form #: 90-1279 LTC (1010) Previous Filing #: 44747	50.500	90-1279 LTC (0213) AR 09132012.pdf

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

Complete Part A for all applications

Application for Northwestern Long Term Care Insurance Company (NLTC) Long-Term Care Insurance

In the last five years , has an application or informal inquiry ever been made to The Northwestern Mutual Life Insurance Company or its affiliates on the Insured?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, check all that apply: <input type="checkbox"/> Life <input type="checkbox"/> DI The last Policy Number _____
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Check this box if applying for multiple policies for this insured on this application

1. Insured Information

A. Name (First, M.I., Last) <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other _____		<input type="radio"/> Male <input type="radio"/> Female
B. Primary Residence Address		
City	State	Zip Code
C. Taxpayer ID Number (SSN)	D. Date of Birth (MM/DD/YYYY)	E. Place of Birth
F. Primary Telephone Number	G. Secondary Telephone Number	H. E-Mail Address

2. Premium Payer - Premium and other notices will be sent to the payer indicated

A. Select one: <input type="radio"/> Insured <input type="radio"/> Other Personal Name (First, M.I., Last) or Business/Trust <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other _____ Name _____	B. Select one: <input type="radio"/> MCB <input type="radio"/> New ISA (<i>a signed ISA Plus Request form MUST be submitted with this application</i>) <input type="radio"/> Existing ISA
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3. Secondary Addressee Premium Billing Notice

You may name a secondary addressee for the purpose of notification of past due premium payment(s) and possible lapse in coverage. To designate a secondary addressee Complete A through D. Note: If you are electing not to designate a secondary addressee, mark the appropriate box in the Authorization and Signature section on Page 5.

A. Secondary Addressee Name (First, M.I., Last) <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other _____		
B. Relationship to Insured		
C. Primary Residence Address		
City	State (or foreign country)	Zip Code
D. Daytime Telephone Number		

4. Special Policy Date - Complete only if a special date is being requested

All policies applied for on this application will have the same policy date

A. <input type="checkbox"/> Date to save age (available for prepaid or non-prepaid) NOTE: SELECTING "DATE TO SAVE AGE" WILL RESULT IN ADDITIONAL PREMIUM DUE.	B. <input type="checkbox"/> Specified future date (available for non-prepaid only) (MM/DD/YYYY) _____
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Complete Part A for all applications

5. Discounts - (If none, skip to Section 6)

DEFINITIONS:

Spousal – Married or a relationship granted the legal rights of spouses in the state of application.

Companion – A committed relationship of two unrelated people or two family members of the same generation as evidenced by having lived together for at least two years and intending to continue to do so.

MultiLife Discount – Available to employer or association sponsored group members.

A. Spousal: Are you married or in a relationship that is granted the legal rights of spouses in the state of this application?..... Yes No

B. Companion: If you answered "no" to the question above, are you in a committed relationship with an unrelated person or a family member of the same generation, with whom you have been living together for at least the last two years and intend to continue to do so?..... Yes No

C. Is your Spouse or Companion also applying for this insurance, or does he/she currently have an existing NLTC individual long-term care insurance policy? (If "Yes," complete information below.) ... Yes No

Spouse/Companion Information

1. Name (First, M.I., Last)	2. Taxpayer ID Number (SSN)
3. Date of Birth (MM/DD/YYYY)	4. Policy Number (if available)

D. MultiLife Discount: Do you belong to a sponsored group?..... Yes No

MultiLife Group #: _____ Sponsored Group Name: _____
 Core
 Non-Core

6. Premium Frequency

Annually Semi-Annually Quarterly Monthly

7. Policy(ies) Applied For (ONLY for the insured listed in section 1 on page 1 of this application)

	POLICY 1	POLICY 2
A. Premium Payment Duration <i>Select one for each policy</i>	<input type="radio"/> For Life <input type="radio"/> 10 Pay <input type="radio"/> To Age 65	<input type="radio"/> For Life <input type="radio"/> 10 Pay <input type="radio"/> To Age 65
B. Maximum Monthly Limit	\$ _____	\$ _____
C. Benefit Period <i>Select one for each policy</i>	<input type="radio"/> 3 Year (36 months) <input type="radio"/> 6 Year (72 months) <input type="radio"/> 10 Year (120 months) <input type="radio"/> Lifetime	<input type="radio"/> 3 Year (36 months) <input type="radio"/> 6 Year (72 months) <input type="radio"/> 10 Year (120 months) <input type="radio"/> Lifetime
D. Elimination Period <i>Select one for each policy</i>	<input type="radio"/> 6 Weeks <input type="radio"/> 25 Weeks <input type="radio"/> 12 Weeks <input type="radio"/> 52 Weeks	<input type="radio"/> 6 Weeks <input type="radio"/> 25 Weeks <input type="radio"/> 12 Weeks <input type="radio"/> 52 Weeks

Complete Part A for all applications

7. Policy(ies) Applied For (continued)

		POLICY 1	POLICY 2
E. Inflation Protection Options <i>Select one for each policy</i>		<input type="radio"/> Automatic Additional Purchase Benefit (AAPB) <i>Not available with 10 Pay or To Age 65</i>	<input type="radio"/> Automatic Additional Purchase Benefit (AAPB) <i>Not available with 10 Pay or To Age 65</i>
		<input type="radio"/> Automatic Benefit Increase (ABI) To apply for less than 5% compounded increases, indicate: <input type="checkbox"/> 3% or <input type="checkbox"/> 4%	<input type="radio"/> Automatic Benefit Increase (ABI) To apply for less than 5% compounded increases, indicate: <input type="checkbox"/> 3% or <input type="checkbox"/> 4%
		<input type="radio"/> None (<i>if rejected, see below</i>)	
<p>Rejection of Inflation Protection Note: If you are electing to reject inflation protection on one or both policies, mark the appropriate box(es) in the Authorization and Signature.</p>			
F. Optional Benefits	Survivorship Benefit	<input type="radio"/> Yes <input type="radio"/> No <i>Not available with 10 Pay or To Age 65</i>	<input type="radio"/> Yes <input type="radio"/> No <i>Not available with 10 Pay or To Age 65</i>
	Paid-Up Nonforfeiture Benefit	<input type="radio"/> Yes <input type="radio"/> No <i>Included with 10 Pay and To Age 65</i>	<input type="radio"/> Yes <input type="radio"/> No <i>Included with 10 Pay and To Age 65</i>

8. Long-Term Care Conditional Insurance Agreement

Has the premium for the policy applied for been paid in exchange for the Long-Term Care Conditional Insurance Agreement?..... Yes No

9. Insurance History and Replacements

A. Are you covered by Medicaid? (NOT Medicare) Yes No

B. Have you ever had life, disability, health, or long-term care insurance declined, rated, modified, issued with an exclusion rider, cancelled, rescinded, or not renewed?
 If "Yes," please explain: _____ Yes No

C. Did you have another long-term care insurance policy or certificate of insurance in force during the last twelve (12) months? Yes No

If "Yes," please state which company: _____

If that policy or certificate lapsed, when did it lapse? Date _____ Policy Number _____

D. Do you have another long-term care insurance policy or certificate (including health care service contract, health maintenance organization contract) in force or pending with other companies?
 If "Yes," indicate Insurer, Type of Insurance, Benefit Amount, and In Force or Pending. Yes No

Insurer	Type of Insurance	Benefit Amount	In Force or Pending

E. **Instructions to agent:** List any health insurance or long-term care insurance policies that you have sold to the insured that (a) are still in force or (b) that have been sold in the last five (5) years and are no longer in force.

Check this box if the agent has NOT sold any other health insurance policies to this insured.

Insurer	Type of Insurance	In Force or Not In Force	Date of Lapse/Termination (if applicable)

Complete Part A for all applications

9. Insurance History and Replacements (continued)

Agent: To the best of your knowledge, will the insurance applied for replace long-term care, nursing home, or health care insurance in force with this or any other company? (If "Yes," submit Replacement Notice) Yes No

Will the insurance applied for replace:

F. a Northwestern Long Term Care Insurance Company insurance policy? Yes No

G. a long-term care, home health care, nursing home care, or life based long-term care insurance policy issued from a source other than Northwestern Long Term Care Insurance Company? Yes No

H. any other type of accident or sickness policy (including medical, health, or disability) from a source other than Northwestern Long Term Care Insurance Company? Yes No

I. If you answered "Yes" to any of the above, complete the following for each policy being replaced:

Insurer and Address	Type of Insurance	Policy Number	Amount to Be Replaced

NOTE: If the Insured(s) answered "Yes" to questions F through I, complete the Replacement Notices attached. Give one copy to the Insured and submit one with the application.

When issuing insurance as a result of this application, Northwestern Long Term Care Insurance Company will rely on the fact that the coverage listed above can and will be terminated by the next premium due date. If the coverage listed is not terminated by that date, or it is terminated and later reinstated, any policy issued as a result of this application may be rescinded and all premiums will be returned. Northwestern Long Term Care Insurance Company may contact a listed insurer to confirm that the coverage has been terminated.

The Insured consents to this application for long-term care insurance and declares that the answers and statements are correctly recorded, complete and true to the best of the Insured's knowledge and belief as of the date signed below. The Insured acknowledges that he or she has reviewed any and all answers and statements recorded in this Part A.

Statements in this application are representations and not warranties.

The Insured agrees that:

- 1) If the premium is **not paid** when the application is signed, no insurance will be in effect. The insurance will take effect only (a) at the time the policy is delivered, (b) the premium is paid, and (c) the answers and statements in the application are still true.
- 2) If the premium is **paid** when the application is taken, no insurance will be in effect except as provided in the Long-Term Care Conditional Insurance Agreement.
- 3) Receipt of an Outline of Coverage for each policy applied for, Shopper's Guide, Potential Rate Increase Disclosure, the "Things You Should Know Before You Buy Long-Term Care Insurance" and Notice of Insurance Information Practices is acknowledged.
- 4) **No agent is authorized to make or alter contracts or to waive any of the Company's rights or requirements.**

The Insured authorizes NLTC, its agents, employees, affiliates, reinsurers, insurance support organizations and their representatives to obtain information about the Insured to evaluate this application and to verify information in this application. This information may include: (a) age; (b) medical history, condition, and care; (c) physical and mental health; (d) income and financial history; (e) driving record; (f) other personal characteristics; and (g) other insurance. This authorization extends to information on the use of alcohol, drugs and tobacco; the diagnosis or treatment of HIV (AIDS virus) infection and sexually transmitted diseases; and the diagnosis and treatment of mental illness. During the time this authorization is valid it extends to information required to determine eligibility for benefits under any policy issued as a result of this application.

Complete Part A for all applications

The Insured authorizes any person, including any physician, health care professional, hospital, clinic, medical facility, government agency including the Veterans and Social Security Administrations, the Medical Information Bureau, Inc. (MIB, Inc.), employer, business associates, consumer reporting agency, banker, accountant, tax preparer, or other insurance company, to release information about the Insured to NLTC or its representatives on receipt of this Authorization.

The above authorization is valid for 24 months from the date it is signed. This authorization can be revoked by writing to the Administration Office. If the Insured revokes this authorization, the Company may not be able to accept the application. A copy of this authorization is as valid as the original and will be provided on request.

In the course of conducting our business, we may disclose to other parties information we have about the Insured. These disclosures are only made as permitted by law, such as disclosures to our reinsurers, consultants, MIB, administrators, governmental authorities, or as the Insured otherwise authorizes. The Insured has received a copy of the Medical Information Bureau and Fair Credit Reporting Act notices. The Insured authorizes NLTC to obtain an investigative consumer report on the Insured.

The Insured requests to be interviewed if an investigative consumer report is done.

REJECTION OF INFLATION PROTECTION STATEMENT (Complete if option was not selected)

I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the Inflation Protection. Specifically, I reviewed the Automatic Benefit Increase and the Automatic Additional Purchase Benefit and I reject the inflation protection.

Policy 1 Policy 2 (only if applicable)

REJECTION OF SECONDARY ADDRESSEE (Complete if option was not selected)

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice.

COMPENSATION DISCLOSURE: In connection with the placement of insurance with Northwestern Long Term Care Insurance Company (the insurer), the licensed Agent represents and may provide services on behalf of the Insurer. The licensed Agent will receive commissions and may receive other performance-based compensation for the placement of this insurance from the insurer and its representatives.

The signature below applies to this Part A, including if applicable, the Rejection of Inflation Protection and/or Rejection of a Secondary Addressee.

CAUTION: If your answers on this application are incorrect or untrue, the Company has the right to deny benefits or rescind your policy.

X
Print Name of **INSURED**

X
Signature of **INSURED**

X
Date Signed by **INSURED** (MM/DD/YYYY)

X
(City, County & State) Signed by **INSURED**

X
Signature of **LICENSED AGENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Complete for all policy changes

INSURED'S NAME	POLICY NUMBER ("EXISTING POLICY")
----------------	-----------------------------------

ONLY COMPLETE SECTIONS FOR REQUESTED CHANGES.

1. Contract Changes

A. New Maximum Limit

(RR/RS: Daily Limit; TT: Monthly Limit)

\$ _____

B. New Benefit Period

- 3 Year
- 6 Year (Not Available for Class 2)
- 10 Year (Standard Class Only)
- Lifetime (Standard Class Only)

C. New Elimination Period

- 6 Weeks (RS and TT Series, Standard Class Only)
- 12 Weeks
- 25 Weeks
- 52 Weeks (TT Series Only)

D. New Home Health and Adult Day Care Daily Limit

(RR and RS Series Only)

- 50% 100%

as a percentage of the amount chosen for the Nursing Home Daily Limit

2. Inflation Protection Options

A. Automatic Benefit Increase (ABI)

- Attach/Change
 if requesting less than 5% compounded increases,
 please indicate: 4% 3%
- Remove

B. Automatic Additional Purchase Benefit (AAPB)

- Attach Remove
 (Not Available with 10 Pay and To Age 65)

3. Premium Payment Duration - TT Series ONLY

Payment Options

- For Life 10 Pay To Age 65

4. Spousal/Companion Discounts

- A. Spousal:** Are you married or in a relationship that is granted the legal rights of spouses in the state of this application?..... Yes No
- B. Companion:** If you answered "no" to the question above, are you in a committed relationship with an unrelated person or a family member of the same generation, with whom you have been living together for at least the last two years and intend to continue to do so?..... Yes No
- C.** Is your Spouse or Companion also applying for this insurance, or does he or she currently have an existing NLTC individual long-term care insurance policy? (If "Yes", complete information below) Yes No

1. Name (First, M.I., Last)	2. Taxpayer ID Number (SSN)
3. Date of Birth (MM/DD/YYYY)	4. Policy Number (if available)

Complete for all policy changes

5. Optional Benefits

A. Survivorship Benefit - Not available with RR, 10 Pay, To age 65 or Classified

- Attach (**Must be attached to BOTH policies - complete section 4C for spouse/companion**)
- Remove (**Benefit will be removed from BOTH policies**)

B. Paid-Up Nonforfeiture Benefit

Included with 10 Pay and To Age 65

- Attach
- Remove

6. Change in Policy Date or Age (Only within first 90 days from the Date of Issue)

- Backdate to save age only
- Remove backdating request

If removing backdating, the premium will be based on the older age.

Reserve Adjustment Charge

If this change results in a Reserve Adjustment Charge (RAC), it must be paid with this application. Include form 60-0454.

Replacements and Insurance History - Required for all changes

Agent: To the best of your knowledge, will the insurance applied for replace long-term care, nursing home, or health care insurance in force with this or any other company? *(If "Yes," submit Replacement Notice)* Yes No

Will the insurance applied for replace:

- A.** a Northwestern Long Term Care Insurance Company insurance policy? Yes No
- B.** a long-term care, home health care, nursing home care, or life based long-term care insurance policy issued from a source other than Northwestern Long Term Care Insurance Company? Yes No
- C.** any other type of accident or sickness policy (including medical, health, or disability) from a source other than Northwestern Long Term Care Insurance Company? Yes No
- D.** If you answered "Yes" to any of the above, complete the following for each policy being replaced:

Insurer and Address	Type of Insurance	Policy Number	Amount to Be Replaced

NOTE: If the Insured(s) answered "Yes" to questions A through D, complete the Replacement Notices (90-1975 and 90-1976). Give one copy to the Insured and submit one with the application.

When issuing insurance as a result of this application, Northwestern Long Term Care Insurance Company will rely on the fact that the coverage listed above can and will be terminated by the next premium due date. If the coverage listed is not terminated by that date, or it is terminated and later reinstated, any policy issued as a result of this application may be rescinded and all premiums will be returned. Northwestern Long Term Care Insurance Company may contact a listed insurer to confirm that the coverage has been terminated.

Change Provisions

EFFECTIVE DATE OF A POLICY CHANGE

For changes submitted within 90 days of the Date of Issue:

If the premium was paid with the original Long-Term Care Application (prepaid policy), the change is effective as of the Policy Date. If the premium was not paid with the original Long-Term Care Application (non-prepaid), the date this completed Long-Term Care Application for Policy Change is signed by the Insured will become the effective date of when insurance coverage with the changes begins.

For changes submitted after 90 days of the Date of Issue:

Changes which do not result in an increase in risk or attachment of a benefit are effective as of the next date following the signature on this completed Long-Term Care Application for Policy Change which corresponds to the day of the month of the Policy Date. Any increases in risk or attachment of a benefit will be effective on the next anniversary of the Policy Date, unless this Long-Term Care Application for Policy Change is signed within 30 days of the previous anniversary of the Policy Date, in which case the requested change will be effective retroactively as of that policy anniversary to preserve the Insured's current age and insurability.

INCREASES IN RISK

No additional insurance or additional benefits will be in force at any time if the Insured is not a risk acceptable to Northwestern Long Term Care Insurance Company, subject to the Long-Term Care Conditional Insurance Agreement if applicable. The increase in risk will be acceptable only if Company requirements place the Insured in the same or a lower premium classification than this policy and the Insured pays the extra premium and any reserve charge when due. Applications for Policy Change will be deemed acceptable based on conditions determined by the Company.

INCONTESTABILITY

The Incontestability Section in the policy will apply to any change to the terms of the Policy upon the request of the Insured which results in an increase in risk subject to the Company's insurability requirements. For the purpose of that section and with regard to this increase in risk, the Date of Issue will be the date the Policy Change takes effect and the term "application" will be deemed to include the Long-Term Care Application for Policy Change and any related medical information submitted over the Insured's signature.

OTHER PROVISIONS

In all other respects, other than the changes stated above or requested in this form, the policy will remain the same.

Complete for all policy changes

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

For changes submitted that include the addition of a benefit or an increase in coverage, the Insured authorizes Northwestern Long Term Care Insurance Company, its agents, employees, re-insurers, insurance support organizations, and their representatives to obtain information about the Insured to evaluate this application and to verify information in this application. This information may include: (a) age; (b) medical history, condition, and care; (c) physical and mental health; (d) income and financial history; (e) driving record; (f) other personal characteristics; and (g) other insurance. This authorization extends to information on the use of alcohol, drugs, and tobacco; the diagnosis or treatment of HIV (AIDS virus) infection and sexually transmitted diseases; and the diagnosis and treatment of mental illness. During the time this authorization is valid it extends to information required to determine eligibility for benefits under any policy issued as a result of this application.

The Insured authorizes any person, including any physician, health care professional, hospital, clinic, medical facility, government agency including the Veterans and Social Security Administrations, the Medical Information Bureau, Inc. (MIB, Inc.), employer, business associates, consumer reporting agency, banker, accountant, tax preparer, or other insurance company, to release information about the Insured to Northwestern Long Term Care Insurance Company or its representatives on receipt of this Authorization.

The above authorization is valid for 24 months from the date it is signed. This authorization can be revoked by writing to the Administration Office. If the Insured revokes this authorization, the Company may not be able to accept the application. A copy of this authorization is as valid as the original and will be provided on request.

In the course of conducting our business, we may disclose to other parties information we have about the Insured. These disclosures are only made as permitted by law, such as disclosures to our re-insurers, consultants, MIB, administrators, governmental authorities, or as the Insured otherwise authorizes.

The Insured has received a copy of the Medical Information Bureau and Fair Credit Reporting Act notices. The Insured authorizes Northwestern Long Term Care Insurance Company to obtain an investigative consumer report on the Insured.

The Insured requests to be interviewed if an investigative consumer report is done.

COMPENSATION DISCLOSURE: In connection with the placement of insurance with Northwestern Long Term Care Insurance Company (the insurer), the licensed Agent represents and may provide services on behalf of the Insurer. The licensed Agent will receive commissions and may receive other performance-based compensation for the placement of this insurance from the insurer and its representatives.

No agent is authorized to make or alter contracts or to waive any of the Company's rights or requirements.

<input type="text"/>	<input type="text"/>
Print Name of INSURED	Signature of INSURED
<input type="text"/>	<input type="text"/>
Date Signed by INSURED (MM/DD/YYYY)	(City, County & State) Signed by INSURED
	<input type="text"/>
	Signature of LICENSED AGENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Long Term Care Administration Office Completion FORM RECORDED AND SUBMISSION OF POLICY WAIVED	
Date _____ (MM/DD/YYYY)	By _____

SERFF Tracking #:

NWST-128612845

State Tracking #:

Company Tracking #:

2012 TT LTC RATES

State:

Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

2012 TT LTC RATES

Project Name/Number:

2012 TT LTC RATES/2012 TT LTC RATES

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

%

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

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 req'd):	Minimum % Change (where req'd):
Northwestern Long Term Care Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

NWST-128612845

State Tracking #:**Company Tracking #:**

2012 TT LTC RATES

State:

Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

2012 TT LTC RATES

Project Name/Number:

2012 TT LTC RATES/2012 TT LTC RATES

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved 09/14/2012	Rates for TT.LTC.(1010)	TT.LTC.(1010)	New		AR RATE TABLES TT Refresh Updated 78.pdf

Northwestern Long Term Care Insurance Company

Lifetime Pay Long-Term Care Policy TT.LTC.(1010)

Annual Premium per \$100 of Long-Term Care Monthly Benefit

\$100/Month for Nursing Home, Home Care, & Adult Day Care

12 Week Elimination Period

Issue Age	Base				Automatic Benefit Increase Option With Increases at 5%				Automatic Additional Purchase Benefit			
	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited
18	10.30	13.60	16.80	18.40	103.00	153.60	200.30	226.10	0.50	0.90	1.50	2.10
19	10.30	13.60	16.80	18.40	103.00	153.60	200.30	226.10	0.50	0.90	1.50	2.10
20	10.30	13.60	16.80	18.40	103.00	153.60	200.30	226.10	0.50	0.90	1.50	2.10
21	10.30	13.60	16.80	18.40	103.00	153.60	200.30	226.10	0.50	0.90	1.50	2.10
22	10.30	13.60	16.80	18.40	103.00	153.60	200.30	226.10	0.50	0.90	1.50	2.10
23	10.30	13.60	16.80	18.40	103.00	153.60	200.30	226.10	0.50	0.90	1.50	2.10
24	10.30	13.60	16.80	18.40	103.00	153.60	200.30	226.10	0.50	0.90	1.50	2.10
25	10.30	13.60	16.80	18.40	103.00	153.60	200.30	226.10	0.50	0.90	1.50	2.10
26	10.60	14.00	17.30	19.00	101.90	151.50	197.70	222.90	0.50	0.90	1.60	2.20
27	10.90	14.40	17.80	19.50	100.80	149.40	195.40	219.80	0.50	1.00	1.60	2.30
28	11.20	14.80	18.30	20.10	99.70	147.30	193.10	216.70	0.60	1.00	1.70	2.30
29	11.60	15.20	18.80	20.80	98.60	145.30	190.80	213.70	0.60	1.10	1.70	2.40
30	11.90	15.60	19.40	21.40	97.50	143.30	188.60	210.70	0.60	1.10	1.80	2.50
31	12.20	16.10	20.10	22.10	96.50	141.90	186.30	208.60	0.60	1.10	1.90	2.60
32	12.60	16.60	20.80	22.90	95.60	140.50	184.00	206.40	0.60	1.20	2.00	2.70
33	12.90	17.20	21.50	23.70	94.70	139.10	181.70	204.30	0.70	1.20	2.00	2.80
34	13.30	17.70	22.20	24.50	93.70	137.80	179.40	202.30	0.70	1.30	2.10	2.90
35	13.70	18.30	23.00	25.30	92.80	136.40	177.20	200.20	0.70	1.30	2.20	3.00
36	14.10	18.80	23.70	26.10	91.50	134.40	174.60	197.20	0.70	1.30	2.30	3.10
37	14.50	19.40	24.50	26.90	90.30	132.50	172.00	194.30	0.70	1.40	2.40	3.20
38	15.00	20.00	25.20	27.80	89.00	130.60	169.50	191.40	0.70	1.40	2.50	3.30
39	15.40	20.60	26.00	28.70	87.80	128.70	167.00	188.50	0.70	1.50	2.60	3.40
40	15.90	21.20	26.80	29.60	86.60	126.90	164.60	185.70	0.70	1.50	2.70	3.50
41	16.40	22.00	27.80	30.70	85.50	125.20	162.10	182.70	0.70	1.60	2.80	3.60
42	16.90	22.80	28.80	31.80	84.40	123.60	159.60	179.70	0.70	1.60	2.90	3.80
43	17.40	23.60	29.80	33.00	83.30	121.90	157.20	176.70	0.70	1.70	3.00	3.90
44	18.00	24.50	30.90	34.20	82.20	120.30	154.80	173.80	0.80	1.80	3.20	4.10
45	18.50	25.40	32.00	35.40	81.10	118.70	152.40	171.00	0.80	1.90	3.30	4.30
46	19.10	26.40	33.20	36.70	80.10	117.20	150.10	168.20	0.80	2.00	3.40	4.40
47	19.70	27.30	34.40	38.00	79.00	115.60	147.80	165.40	0.80	2.10	3.50	4.60
48	20.30	28.40	35.60	39.40	78.00	114.10	145.50	162.70	0.80	2.20	3.70	4.80
49	20.90	29.40	36.90	40.90	77.00	112.60	143.30	160.00	0.80	2.30	3.80	5.00
50	21.50	30.50	38.30	42.40	76.00	111.10	141.10	157.40	0.90	2.40	4.00	5.20
51	22.20	31.60	39.70	43.90	75.00	109.60	138.90	154.80	0.90	2.50	4.10	5.40
52	22.90	32.80	41.10	45.50	74.00	108.20	136.80	152.30	0.90	2.60	4.30	5.60
53	24.00	34.40	43.20	47.90	73.60	107.60	136.30	152.10	1.00	2.70	4.50	5.90
54	25.20	36.10	45.50	50.30	73.20	107.00	135.80	151.90	1.00	2.90	4.80	6.20
55	26.40	37.80	47.80	53.00	72.70	106.40	135.30	151.80	1.10	3.10	5.10	6.60
56	27.70	39.70	50.30	55.70	72.30	105.80	134.80	151.60	1.20	3.20	5.40	6.90
57	29.00	41.60	52.90	58.60	72.00	105.50	134.40	151.40	1.30	3.40	5.70	7.30
58	30.70	43.90	55.90	61.90	71.50	104.40	134.10	151.10	1.30	3.60	6.10	7.80
59	32.40	46.30	59.00	65.40	71.00	103.60	133.90	150.90	1.30	3.80	6.50	8.20
60	34.30	48.90	62.40	69.10	70.60	102.80	133.60	150.60	1.40	4.10	6.90	8.80
61	36.30	51.60	65.90	73.10	70.10	102.10	133.40	150.40	1.40	4.30	7.30	9.30
62	38.40	54.50	69.60	77.20	69.70	101.30	133.20	150.10	1.40	4.60	7.80	9.90
63	41.60	59.20	76.00	84.30	71.40	103.50	135.50	152.20	1.60	5.10	8.70	11.00
64	45.20	64.40	82.90	92.10	73.10	105.80	137.80	154.30	1.80	5.60	9.60	12.20

Northwestern Long Term Care Insurance Company

Lifetime Pay Long-Term Care Policy TT.LTC.(1010)

Annual Premium per \$100 of Long-Term Care Monthly Benefit

\$100/Month for Nursing Home, Home Care, & Adult Day Care

12 Week Elimination Period

Issue Age	Base				Automatic Benefit Increase Option With Increases at 5%				Automatic Additional Purchase Benefit			
	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited
65	49.00	70.00	90.50	100.50	74.80	108.10	140.10	156.50	2.10	6.20	10.70	13.50
66	53.10	76.20	98.80	109.80	76.60	110.40	142.50	158.70	2.40	6.90	11.90	15.00
67	57.60	82.90	107.80	119.90	78.40	112.80	144.90	160.90	2.80	7.60	13.20	16.70
68	63.30	91.10	118.60	132.00	80.20	115.20	147.90	164.20	3.20	8.60	14.90	18.90
69	69.60	100.20	130.50	145.30	82.00	117.60	150.90	167.50	3.60	9.70	16.80	21.30
70	76.40	110.20	143.60	160.00	83.80	120.10	154.00	171.00	4.20	11.00	19.00	24.00
71	84.00	121.10	158.00	176.20	85.70	122.60	157.10	174.40	4.70	12.50	21.50	27.10
72	92.30	133.20	173.90	194.00	87.60	125.20	160.30	178.00	5.40	14.10	24.30	30.60
73	100.80	144.40	188.80	210.90	89.00	125.10	160.00	177.80	6.30	15.80	27.40	34.50
74	110.10	156.60	205.10	229.30	90.30	125.00	159.80	177.60	7.40	17.80	30.80	38.80
75	120.20	169.70	222.70	249.30	91.70	124.90	159.50	177.30	8.70	19.90	34.70	43.70
76	131.30	184.00	241.80	271.00	93.20	124.80	159.30	177.10	10.20	22.40	39.10	49.30
77	143.40	199.50	262.60	294.60	94.60	124.70	159.00	176.90	12.00	25.10	44.00	55.50
78	155.80	215.00	283.40	318.20	97.00	124.80	158.70	176.70	13.80	27.80	48.90	61.70
79	169.20	230.50	304.20	341.80	99.20	128.00	158.40	176.50	15.60	30.50	53.80	67.90
80	183.90*	246.00*	325.00*	365.40*					17.40*	33.20*	58.70*	74.10*
81	197.30*	261.50*	345.80*	389.00*					19.20*	35.90*	63.60*	80.30*
82	211.80*	277.00*	366.60*	412.60*					21.00*	38.60*	68.50*	86.50*
83	227.30*	292.50*	387.40*	436.20*					22.80*	41.30*	73.40*	92.70*
84	244.00*	308.00*	408.20*	459.80*					24.60*	44.00*	78.30*	98.90*
85	261.80*	323.50*	429.00*	483.40*					26.40*	46.70*	83.20*	105.10*
86	275.00*	339.00*	449.80*	507.00*					28.20*	49.40*	88.10*	111.30*
87	288.80*	354.50*	470.60*	530.60*					30.00*	52.10*	93.00*	117.50*
88	303.30*	370.00*	491.40*	554.20*					31.80*	54.80*	97.90*	123.70*
89	318.60*	385.50*	512.20*	577.80*					33.60*	57.50*	102.80*	129.90*
90	334.60*	401.00*	533.00*	601.40*					35.40*	60.20*	107.70*	136.10*
91	346.40*	416.50*	553.80*	625.00*					37.20*	62.90*	112.60*	142.30*
92	358.70*	432.00*	574.60*	648.60*					39.00*	65.60*	117.50*	148.50*
93	371.40*	447.50*	595.40*	672.20*					40.80*	68.30*	122.40*	154.70*
94	384.60*	463.00*	616.20*	695.80*					42.60*	71.00*	127.30*	160.90*
95	398.30*	478.50*	637.00*	719.40*					44.40*	73.70*	132.20*	167.10*
96	411.00*	494.00*	657.80*	743.00*					46.20*	76.40*	137.10*	173.30*
97	424.20*	509.50*	678.60*	766.60*					48.00*	79.10*	142.00*	179.50*
98	437.70*	525.00*	699.40*	790.20*					49.80*	81.80*	146.90*	185.70*
99	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
100	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
101	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
102	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
103	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
104	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
105	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
106	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
107	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
108	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
109	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*
110	451.70*	540.50*	720.20*	813.80*					51.60*	84.50*	151.80*	191.90*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

10 Pay Long-Term Care Policy TT.LTC.(1010)

Annual Premium per \$100 of Long-Term Care Monthly Benefit

\$100/Month for Nursing Home, Home Care, & Adult Day Care

12 Week Elimination Period

Issue Age	Base				Automatic Benefit Increase Option With Increases at 5%			
	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited
	18	35.20	46.80	58.70	64.40	420.70	604.10	781.30
19	35.20	46.80	58.70	64.40	420.70	604.10	781.30	868.00
20	35.20	46.80	58.70	64.40	420.70	604.10	781.30	868.00
21	35.20	46.80	58.70	64.40	420.70	604.10	781.30	868.00
22	35.20	46.80	58.70	64.40	420.70	604.10	781.30	868.00
23	35.20	46.80	58.70	64.40	420.70	604.10	781.30	868.00
24	35.20	46.80	58.70	64.40	420.70	604.10	781.30	868.00
25	35.20	46.80	58.70	64.40	420.70	604.10	781.30	868.00
26	35.80	47.90	60.10	65.90	411.40	591.20	764.50	849.10
27	36.40	48.90	61.40	67.50	402.30	578.60	748.00	830.60
28	37.00	50.00	62.90	69.00	393.50	566.30	732.00	812.60
29	37.70	51.20	64.30	70.60	384.80	554.20	716.20	794.90
30	38.30	52.30	65.80	72.30	376.30	542.40	700.80	777.60
31	39.10	53.60	67.50	74.10	367.70	533.60	686.00	761.00
32	40.00	54.90	69.20	76.00	359.40	524.90	671.50	744.70
33	40.90	56.20	70.90	78.00	351.20	516.40	657.30	728.70
34	41.80	57.60	72.80	80.00	343.20	508.00	643.40	713.20
35	42.70	59.00	74.60	82.00	335.40	499.70	629.80	697.90
36	43.50	60.20	76.20	84.10	326.90	484.40	612.90	678.50
37	44.40	61.50	77.80	86.20	318.70	469.50	596.40	659.70
38	45.30	62.80	79.50	88.40	310.60	455.20	580.40	641.40
39	46.20	64.10	81.20	90.70	302.80	441.20	564.90	623.60
40	47.10	65.40	82.90	93.00	295.10	427.70	549.70	606.30
41	48.00	66.80	84.70	94.90	286.50	414.90	533.00	587.80
42	49.00	68.20	86.60	96.80	278.10	402.50	516.70	569.90
43	50.00	69.70	88.50	98.70	270.00	390.40	501.00	552.50
44	51.00	71.10	90.40	100.70	262.10	378.70	485.70	535.70
45	52.00	72.70	92.40	102.80	254.50	367.40	471.00	519.30
46	53.10	74.20	94.40	104.80	247.00	356.40	456.60	503.50
47	54.10	75.80	96.50	107.00	239.80	345.70	442.70	488.10
48	55.20	77.40	98.60	109.10	232.80	335.40	429.20	473.20
49	56.30	79.00	100.70	111.30	226.00	325.40	416.20	458.80
50	57.50	80.70	102.90	113.60	219.40	315.60	403.50	444.80
51	58.60	82.40	105.20	115.90	213.00	306.20	391.20	431.30
52	59.80	84.20	107.50	118.20	206.80	297.00	379.30	418.10
53	61.70	87.10	111.10	122.30	202.30	289.40	369.60	407.00
54	63.70	90.20	114.70	126.60	198.00	282.00	360.20	396.30
55	65.70	93.40	118.50	131.10	193.70	274.80	351.10	385.80
56	67.80	96.60	122.40	135.60	189.50	267.80	342.10	375.50
57	69.90	100.00	126.50	140.40	185.40	260.90	333.40	365.60
58	72.40	103.20	131.40	144.90	180.60	255.80	326.80	358.10
59	74.90	106.50	136.40	149.60	175.80	250.70	320.30	350.70
60	77.60	109.90	141.60	154.40	171.20	245.80	313.90	343.40
61	80.40	113.40	147.10	159.40	166.80	240.90	307.60	336.30
62	83.20	117.00	152.70	164.50	162.40	236.20	301.50	329.40
63	88.50	124.70	162.00	175.20	162.30	234.70	298.90	326.70
64	94.00	132.80	171.90	186.70	162.20	233.20	296.30	324.00
65	100.00	141.50	182.40	198.80	162.00	231.70	293.70	321.40
66	106.30	150.80	193.60	211.80	161.90	230.30	291.10	318.70
67	113.00	160.70	205.40	225.60	161.80	228.80	288.60	316.10
68	120.70	171.50	219.10	240.60	159.90	225.70	284.40	311.40
69	128.80	182.90	233.70	256.70	158.10	222.70	280.20	306.80
70	137.50	195.20	249.30	273.80	156.30	219.70	276.10	302.20
71	146.90	208.30	266.00	292.00	154.50	216.70	272.10	297.70
72	156.80	222.20	283.70	311.50	152.70	213.80	268.10	293.30
73	164.60	233.20	298.00	327.40	147.50	206.20	258.20	282.60
74	172.90	244.80	313.00	344.10	142.40	198.80	248.70	272.30
75	181.50	256.90	328.80	361.60	137.50	191.70	239.60	262.30
76	190.60	269.60	345.40	380.00	132.80	184.80	230.80	252.70
77	200.10	283.00	362.80	399.40	128.20	178.20	222.30	243.50
78	209.60	296.40	380.20	418.80	130.90	171.60	213.80	234.30
79	225.10	309.80	397.60	438.20	133.90	172.70	205.30	225.10

Northwestern Long Term Care Insurance Company

To Age 65 Long-Term Care Policy TT.LTC.(1010)

Annual Premium per \$100 of Long-Term Care Monthly Benefit

\$100/Month for Nursing Home, Home Care, & Adult Day Care

12 Week Elimination Period

Issue Age	Base				Automatic Benefit Increase Option With Increases at 5%			
	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited
18	14.10	19.10	23.90	26.40	166.80	246.90	312.40	346.80
19	14.10	19.10	23.90	26.40	166.80	246.90	312.40	346.80
20	14.10	19.10	23.90	26.40	166.80	246.90	312.40	346.80
21	14.10	19.10	23.90	26.40	166.80	246.90	312.40	346.80
22	14.10	19.10	23.90	26.40	166.80	246.90	312.40	346.80
23	14.10	19.10	23.90	26.40	166.80	246.90	312.40	346.80
24	14.10	19.10	23.90	26.40	166.80	246.90	312.40	346.80
25	14.10	19.10	23.90	26.40	166.80	246.90	312.40	346.80
26	14.60	19.80	24.80	27.40	165.20	244.80	309.70	343.70
27	15.10	20.40	25.60	28.40	163.60	242.80	307.10	340.70
28	15.60	21.10	26.60	29.40	162.00	240.70	304.40	337.70
29	16.10	21.90	27.50	30.50	160.40	238.70	301.80	334.70
30	16.60	22.60	28.50	31.60	158.90	236.70	299.20	331.70
31	17.20	23.50	29.80	32.90	158.30	235.80	297.80	330.20
32	17.90	24.50	31.10	34.20	157.70	234.90	296.40	328.70
33	18.60	25.50	32.50	35.50	157.10	234.00	295.00	327.20
34	19.30	26.60	33.90	36.90	156.50	233.10	293.70	325.70
35	20.10	27.70	35.40	38.40	155.90	232.20	292.30	324.20
36	20.90	28.90	37.00	40.00	155.50	229.70	290.30	322.00
37	21.80	30.20	38.60	41.70	155.10	227.30	288.30	319.80
38	22.60	31.50	40.30	43.50	154.70	224.90	286.40	317.60
39	23.50	32.90	42.10	45.30	154.30	222.50	284.40	315.50
40	24.50	34.30	43.90	47.20	153.90	220.10	282.50	313.30
41	25.90	36.30	46.50	50.10	154.90	221.70	284.40	315.20
42	27.40	38.40	49.20	53.10	156.00	223.30	286.30	317.20
43	29.00	40.70	52.10	56.30	157.00	224.80	288.20	319.20
44	30.70	43.10	55.10	59.70	158.10	226.40	290.20	321.10
45	32.50	45.60	58.30	63.30	159.10	228.10	292.10	323.10
46	34.40	48.30	61.70	67.10	160.20	229.70	294.10	325.10
47	36.40	51.10	65.30	71.20	161.30	231.30	296.00	327.10
48	38.50	54.10	69.20	75.50	162.40	233.00	298.00	329.20
49	40.80	57.30	73.20	80.00	163.50	234.60	300.00	331.20
50	43.10	60.70	77.50	84.80	164.60	236.30	302.00	333.30
51	45.60	64.20	82.00	90.00	165.70	238.00	304.10	335.30
52	48.30	68.00	86.80	95.40	166.80	239.70	306.10	337.40
53	53.50	75.60	96.30	106.10	175.30	250.90	320.40	352.80
54	59.30	84.00	106.80	117.90	184.30	262.60	335.40	368.90

Northwestern Long Term Care Insurance Company

Lifetime Pay

Paid-Up Non-forfeiture Benefit TT.LTC.NFB.(1010)

Annual Premium per \$100 of Long-Term Care Monthly Benefit

\$100/Month for Nursing Home, Home Care, & Adult Day Care

12 Week Elimination Period

Issue Age	Base				Automatic Benefit Increase Option With Increases at 5%				Automatic Additional Purchase Benefit			
	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited
	18	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10
19	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
20	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
21	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
22	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
23	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
24	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
25	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
26	1.70	1.80	1.80	2.00	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
27	1.70	1.90	1.90	2.10	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
28	1.80	1.90	2.00	2.20	2.30	2.80	3.10	3.40	0.10	0.10	0.10	0.10
29	1.80	2.00	2.00	2.20	2.40	2.80	3.10	3.40	0.10	0.10	0.10	0.10
30	1.80	2.00	2.10	2.30	2.40	2.90	3.10	3.40	0.10	0.10	0.10	0.10
31	1.90	2.10	2.10	2.30	2.40	2.90	3.20	3.50	0.10	0.10	0.10	0.10
32	1.90	2.10	2.10	2.30	2.40	2.90	3.20	3.50	0.10	0.10	0.10	0.10
33	1.90	2.10	2.20	2.40	2.40	2.90	3.20	3.50	0.10	0.10	0.20	0.20
34	1.90	2.20	2.20	2.40	2.40	2.90	3.20	3.50	0.10	0.10	0.20	0.20
35	2.00	2.20	2.30	2.50	2.40	2.90	3.20	3.50	0.10	0.10	0.20	0.20
36	2.00	2.20	2.30	2.50	2.40	2.90	3.20	3.50	0.10	0.10	0.20	0.20
37	2.10	2.30	2.30	2.50	2.40	2.90	3.20	3.50	0.10	0.10	0.20	0.20
38	2.10	2.30	2.30	2.50	2.40	2.90	3.20	3.50	0.10	0.10	0.20	0.20
39	2.20	2.30	2.30	2.50	2.40	2.90	3.20	3.50	0.10	0.10	0.20	0.20
40	2.20	2.30	2.30	2.50	2.40	2.90	3.20	3.50	0.10	0.10	0.20	0.20
41	2.30	2.40	2.30	2.60	2.50	3.00	3.20	3.60	0.10	0.10	0.20	0.20
42	2.30	2.50	2.40	2.70	2.60	3.10	3.30	3.70	0.10	0.10	0.20	0.20
43	2.40	2.60	2.50	2.80	2.70	3.20	3.50	3.90	0.10	0.10	0.20	0.20
44	2.50	2.70	2.60	2.90	2.80	3.30	3.60	4.00	0.10	0.10	0.20	0.20
45	2.60	2.80	2.70	3.00	2.90	3.50	3.70	4.10	0.10	0.10	0.20	0.20
46	2.70	2.80	2.80	3.10	3.00	3.60	3.90	4.30	0.10	0.10	0.30	0.30
47	2.70	2.90	2.90	3.20	3.10	3.70	4.00	4.40	0.10	0.10	0.30	0.30
48	2.80	3.00	3.00	3.30	3.30	3.80	4.10	4.50	0.10	0.10	0.30	0.30
49	2.90	3.10	3.10	3.40	3.40	3.90	4.20	4.70	0.10	0.20	0.30	0.30
50	3.00	3.20	3.20	3.60	3.50	4.10	4.30	4.80	0.10	0.20	0.40	0.40
51	3.10	3.30	3.30	3.70	3.60	4.20	4.50	5.00	0.10	0.20	0.40	0.40
52	3.20	3.50	3.40	3.80	3.80	4.40	4.60	5.10	0.10	0.20	0.40	0.40
53	3.30	3.60	3.60	4.00	3.90	4.50	4.80	5.30	0.10	0.20	0.40	0.40
54	3.50	3.70	3.70	4.10	4.00	4.60	4.90	5.40	0.10	0.20	0.50	0.50
55	3.60	3.90	3.90	4.30	4.10	4.70	5.00	5.50	0.10	0.30	0.50	0.50
56	3.70	4.00	4.10	4.50	4.30	4.80	5.10	5.70	0.20	0.30	0.50	0.50
57	3.90	4.20	4.10	4.60	4.40	5.00	5.20	5.80	0.20	0.30	0.50	0.50
58	4.10	4.40	4.40	4.90	4.50	5.00	5.30	5.90	0.20	0.30	0.50	0.60
59	4.30	4.60	4.60	5.10	4.60	5.10	5.40	6.00	0.20	0.40	0.50	0.60
60	4.50	4.80	4.90	5.40	4.70	5.20	5.50	6.10	0.20	0.40	0.60	0.70
61	4.70	5.10	5.10	5.70	4.80	5.30	5.70	6.30	0.30	0.40	0.60	0.70
62	4.90	5.30	5.40	6.00	4.90	5.40	5.80	6.40	0.30	0.50	0.60	0.70
63	5.20	5.70	5.80	6.40	5.10	5.50	5.90	6.50	0.30	0.50	0.70	0.80
64	5.50	6.10	6.20	6.90	5.30	5.60	5.90	6.60	0.30	0.50	0.80	0.90

Northwestern Long Term Care Insurance Company

Lifetime Pay

Paid-Up Non-forfeiture Benefit TT.LTC.NFB.(1010)

Annual Premium per \$100 of Long-Term Care Monthly Benefit

\$100/Month for Nursing Home, Home Care, & Adult Day Care
12 Week Elimination Period

Issue Age	Base				Automatic Benefit Increase Option With Increases at 5%				Automatic Additional Purchase Benefit			
	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited	3 Yr	6 Yr	10 Yr	Unlimited
65	5.90	6.50	6.60	7.30	5.50	5.80	6.10	6.80	0.40	0.60	0.80	0.90
66	6.20	6.90	7.10	7.90	5.70	5.90	6.20	6.90	0.40	0.60	0.90	1.00
67	6.60	7.40	7.60	8.40	5.90	6.10	6.40	7.10	0.50	0.70	1.00	1.10
68	7.00	7.90	8.10	9.00	6.00	6.40	6.70	7.40	0.50	0.80	1.10	1.20
69	7.50	8.50	8.70	9.70	6.20	6.70	7.00	7.80	0.60	0.90	1.20	1.30
70	8.00	9.10	9.40	10.40	6.40	7.00	7.30	8.10	0.60	0.90	1.30	1.40
71	8.60	9.70	10.10	11.20	6.60	7.30	7.70	8.50	0.70	1.00	1.40	1.60
72	9.20	10.40	10.90	12.10	6.80	7.60	8.00	8.90	0.70	1.20	1.50	1.70
73	9.70	10.80	11.30	12.50	7.00	7.80	8.20	9.10	0.80	1.20	1.60	1.80
74	10.20	11.30	11.60	12.90	7.20	8.10	8.50	9.40	0.80	1.30	1.70	1.90
75	10.80	11.70	12.10	13.40	7.40	8.30	8.70	9.70	0.90	1.40	1.80	2.00
76	11.40	12.20	12.50	13.90	7.70	8.60	9.00	10.00	0.90	1.40	1.90	2.10
77	12.00	12.70	13.00	14.40	7.90	8.80	9.30	10.30	0.90	1.50	2.00	2.20
78	12.60	13.70	13.80	15.30	8.10	9.10	9.50	10.50	1.00	1.60	2.40	2.70
79	13.20	14.30	14.50	16.10	8.40	9.40	9.70	10.80	1.10	1.80	2.60	2.90
80	13.80*	15.00*	15.10*	16.80*					1.20*	1.90*	2.80*	3.10*
81	14.60*	15.80*	15.90*	17.70*					1.30*	2.00*	3.00*	3.30*
82	15.40*	16.70*	16.80*	18.70*					1.30*	2.20*	3.20*	3.60*
83	16.20*	17.60*	17.80*	19.80*					1.40*	2.40*	3.40*	3.80*
84	17.10*	18.60*	18.80*	20.90*					1.60*	2.50*	3.70*	4.10*
85	18.10*	19.60*	19.80*	22.00*					1.70*	2.70*	4.00*	4.40*
86	19.70*	21.40*	21.60*	24.00*					1.80*	2.90*	4.30*	4.80*
87	21.50*	23.40*	23.60*	26.20*					1.90*	3.10*	4.60*	5.10*
88	23.40*	25.40*	25.70*	28.50*					2.10*	3.40*	5.00*	5.50*
89	25.50*	27.70*	27.90*	31.00*					2.20*	3.60*	5.30*	5.90*
90	27.70*	30.10*	30.30*	33.70*					2.40*	3.90*	5.80*	6.40*
91	28.30*	30.70*	31.00*	34.40*					2.60*	4.20*	6.20*	6.90*
92	28.80*	31.30*	31.60*	35.10*					2.80*	4.50*	6.70*	7.40*
93	29.40*	32.00*	32.20*	35.80*					3.00*	4.90*	7.10*	7.90*
94	30.10*	32.60*	32.90*	36.60*					3.20*	5.20*	7.70*	8.50*
95	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
96	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
97	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
98	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
99	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
100	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
101	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
102	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
103	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
104	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
105	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
106	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
107	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
108	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
109	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*
110	30.70*	33.30*	33.60*	37.30*					3.40*	5.60*	8.20*	9.10*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company
Survivorship Benefit
Premium Percentage TT.LTC.SB.(1010)

Issue Age	Base	Base Policy Plus Automatic Benefit Increase Option	Base Policy Plus Automatic Additional Purchase Benefit
18	12.00%	21.00%	17.00%
19	12.00%	21.00%	17.00%
20	12.00%	21.00%	17.00%
21	12.00%	21.00%	17.00%
22	12.00%	21.00%	17.00%
23	12.00%	21.00%	17.00%
24	12.00%	21.00%	17.00%
25	12.00%	21.00%	17.00%
26	12.00%	21.00%	17.00%
27	12.00%	21.00%	17.00%
28	12.00%	21.00%	17.00%
29	12.00%	21.00%	17.00%
30	12.00%	21.00%	17.00%
31	12.00%	21.00%	17.00%
32	12.00%	21.00%	17.00%
33	12.00%	21.00%	17.00%
34	12.00%	21.00%	17.00%
35	12.00%	21.00%	17.00%
36	12.00%	21.00%	17.00%
37	12.00%	21.00%	17.00%
38	12.00%	21.00%	17.00%
39	12.00%	21.00%	17.00%
40	12.00%	21.00%	17.00%
41	12.00%	22.00%	17.00%
42	12.00%	22.00%	18.00%
43	13.00%	22.00%	18.00%
44	13.00%	22.00%	19.00%
45	14.00%	23.00%	19.00%
46	14.00%	23.00%	20.00%
47	15.00%	23.00%	20.00%
48	15.00%	24.00%	21.00%
49	15.00%	24.00%	22.00%
50	16.00%	24.00%	22.00%
51	16.00%	24.00%	23.00%
52	17.00%	25.00%	23.00%
53	17.00%	25.00%	24.00%
54	17.00%	25.00%	24.00%
55	18.00%	25.00%	24.00%
56	18.00%	25.00%	25.00%
57	19.00%	26.00%	25.00%
58	19.00%	26.00%	25.00%
59	19.00%	26.00%	26.00%
60	20.00%	26.00%	26.00%
61	20.00%	26.00%	26.00%
62	20.00%	27.00%	27.00%
63	20.00%	27.00%	27.00%
64	21.00%	27.00%	27.00%

Northwestern Long Term Care Insurance Company
Survivorship Benefit
Premium Percentage TT.LTC.SB.(1010)

Issue Age	Base	Base Policy Plus Automatic Benefit Increase Option	Base Policy Plus Automatic Additional Purchase Benefit
65	21.00%	27.00%	27.00%
66	21.00%	27.00%	27.00%
67	22.00%	27.00%	27.00%
68	22.00%	27.00%	27.00%
69	22.00%	26.00%	26.00%
70	22.00%	26.00%	26.00%
71	22.00%	26.00%	26.00%
72	22.00%	26.00%	25.00%
73	21.00%	25.00%	24.00%
74	21.00%	25.00%	23.00%
75	21.00%	24.00%	23.00%
76	20.00%	24.00%	22.00%
77	20.00%	23.00%	21.00%
78	20.00%	23.00%	21.00%
79	20.00%	23.00%	21.00%
80	20.00%*		21.00%*
81	20.00%*		21.00%*
82	20.00%*		21.00%*
83	20.00%*		21.00%*
84	20.00%*		21.00%*
85	20.00%*		21.00%*
86	20.00%*		21.00%*
87	20.00%*		21.00%*
88	20.00%*		21.00%*
89	20.00%*		21.00%*
90	20.00%*		21.00%*
91	20.00%*		21.00%*
92	20.00%*		21.00%*
93	20.00%*		21.00%*
94	20.00%*		21.00%*
95	20.00%*		21.00%*
96	20.00%*		21.00%*
97	20.00%*		21.00%*
98	20.00%*		21.00%*
99	20.00%*		21.00%*
100	20.00%*		21.00%*
101	20.00%*		21.00%*
102	20.00%*		21.00%*
103	20.00%*		21.00%*
104	20.00%*		21.00%*
105	20.00%*		21.00%*
106	20.00%*		21.00%*
107	20.00%*		21.00%*
108	20.00%*		21.00%*
109	20.00%*		21.00%*
110	20.00%*		21.00%*

* Percentages applicable only for increases after issue.

State: Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name: 2012 TT LTC RATES

Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	09/14/2012
Comments:			
Attachment(s):			
1 STD Flesch Readability Certification.pdf			
AR Cert RR 19 49[1].pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	09/14/2012
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	09/14/2012
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability	Approved	09/14/2012
Comments:			
Attachment(s):			
1 SOV 90-1968.pdf			
1 SOV 90-1279.pdf			
1 STD SOV PARTNERSHIP TT LTC.pdf			

FLESCH SCORE CERTIFICATION

I certify to the best of my knowledge and belief that the following forms meet the readability, legibility, and format requirements of any applicable laws and regulations of your state.

The Flesch Scores are as follows:

<u>Form Number</u>	<u>Flesch Score</u>
90-1968 LTC (0213)	50.8
90-1279 LTC (0213)	50.5

Northwestern Long Term Care
Insurance Company



Ted A. Matchulat
Product Compliance Officer

8/24/2012

Date

CERTIFICATION

I certify that form 90-1968 LTC (0213) and form 90-1279 LTC (0213) comply with Rule and Regulation 19 & 49.

NORTHWESTERN LONG TERM
CARE INSURANCE COMPANY



Ted A. Matchulat
Product Compliance Officer

08/28/2012

Date

Statement of Variability

For form 90-1968 LTC (0213)
(Variability is denoted by brackets)

Location	Bracketed Item	Explanation of Variability
Page 2, Item 7A	Premium Payment Duration	This may vary based on availability.
Page 2, Item 7C	Benefit Period	This may vary based on availability.
Page 2, Item 7D	Elimination Period	This may vary based on availability.

Statement of Variability

For form 90-1279 LTC (0213)
(Variability is denoted by brackets)

Location	Bracketed Item	Explanation of Variability
Page 1, Item 1B	New Benefit Period	This may vary based on availability.
Page 1, Item 1C	New Elimination Period	This may vary based on availability.
Page 1, Item 3	Payment Options	This may vary based on availability.

STATEMENT OF VARIABILITY
For Policy Form TT.LTC.(1010)
Revised for 2012 Rate Filing

Contract Provision	Contract Reference	Variability
Signatures of CEO & Secretary	Front Cover	These will only change if there is a change to the CEO or Secretary.
State of Issue	Front Cover, Page 3, 3A	This will vary depending on the State in which the policy was issued.
Insured	Front Cover, Page 3, 3A	This will vary depending on the Insured's name.
Policy Date	Front Cover, Page 3, 3A	This will vary depending on when the policy is issued.
Age and Sex	Front Cover, Page 3, 3A	This will vary depending on the age and sex of the Insured.
Policy Number	Front Cover, Page 3, 3A	This will vary depending on the Policy Number when the policy is issued.
Partnership	Front Cover, Page 3, 3A	This is the date that the policy's Partnership is effective.
Date of Issue	Front Cover, Page 3, 3A	The date that coverage begins
Additional Benefits	Page 3	Automatic Benefit Increase ~ increase percentage ~ 3, 4, or 5%. Automatic Additional Purchase Benefit (if this benefit is chosen, additional values will be provided on page 4) Paid-Up Nonforfeiture Benefit Survivorship Benefit (<i>name of Insured's Spouse or Companion to whom the Survivorship Benefit is linked</i>)
Premium Payment Durations	Page 3	The following durations are available: <ul style="list-style-type: none"> • Lifetime • 10 Pay • To Age 65

Premium Modes, Durations, and Discount language.

Page 3

The options for premium modes are:

- Annual
- Semi-Annual
- Monthly
- Quarterly

Depending on which premium mode and premium payment duration is chosen, the following language will be used:

Lifetime:

Annual

An {annual} premium is payable on the Policy Date and on every policy anniversary after that.

The current {annual} premium is \${3,701.00}. {The premium reflects a {10}% {Spousal}{Companion}} Discount {and a {5}% MultiLife Discount}.} Premiums are not guaranteed and can be changed by class.

Semi-Annual

A {semi-annual} premium is payable on the Policy Date and every {six months} after that. The {semi-annual} premium equals the annual premium multiplied by {0.512}.

The current {semi-annual} premium is \${3,701.00}. {The premium reflects a {10}% {Spousal}{Companion}} Discount {and a {5}% MultiLife Discount}.} Premiums are not guaranteed and can be changed by class.

Quarterly

A {quarterly} premium is payable on the Policy Date and every {three months} after that. The {quarterly} premium equals the annual premium multiplied by {0.259}.

The current {quarterly} premium is \${3,701.00}. {The premium reflects a {10}% {Spousal}{Companion}} Discount {and a {5}% MultiLife Discount}.} Premiums are not guaranteed and can be changed by class.

Monthly

A {monthly} premium, plus an administrative charge if applicable, is payable on the Policy Date and every {month} after that. The {monthly} premium equals the annual premium multiplied by {0.087}.)

The current {monthly} premium is \${3,701.00}. {The premium reflects a {10}% {Spousal}{Companion} Discount {and a {5}% MultiLife Discount}.} Premiums are not guaranteed and can be changed by class.

10 Pay

Annual

***This Policy has a Paid-Up feature. Premiums are payable for {10} years from the Policy Date.**

{An {annual} premium is payable on the Policy Date and on every policy anniversary after that.}

The current {annual} premium is \${3,701.00}. {The premium reflects a {10}% {Spousal}{Companion} Discount {and a {5}% MultiLife Discount}.} If all premiums are paid when due, this Policy will become paid-up after it has been in force for a period of {10} years; however, premiums are not guaranteed and can be changed by class during the premium paying period.

Semi-Annual

***This Policy has a Paid-Up feature. Premiums are payable for {10} years from the Policy Date.**

{A {semi-annual} premium is payable on the Policy Date and every {six months} after that. The {semi-annual} premium equals the annual premium multiplied by {0.512}.)

The current {semi-annual} premium is \${3,701.00}. {The premium reflects a {10}% {Spousal}{Companion}} Discount {and a {5}% MultiLife Discount}.) If all premiums are paid when due, this Policy will become paid-up after it has been in force for a period of {10} years; however, premiums are not guaranteed and can be changed by class during the premium paying period.

Quarterly

***This Policy has a Paid-Up feature. Premiums are payable for {10} years from the Policy Date.**

{A {quarterly} premium is payable on the Policy Date and every {three months} after that. The {quarterly} premium equals the annual premium multiplied by {0.259}.)

The current {quarterly} premium is \${3,701.00}. {The premium reflects a {10}% {Spousal}{Companion}} Discount {and a {5}% MultiLife Discount}.) If all premiums are paid when due, this Policy will become paid-up after it has been in force for a period of {10} years; however, premiums are not guaranteed and can be changed by class.

Monthly

***This Policy has a Paid-Up feature. Premiums are payable for {10} years from the Policy Date.**

{A {monthly} premium, plus an administrative charge if applicable, is payable on the Policy Date and every {month} after that. The {monthly} premium equals the annual premium multiplied by {0.087}.)

The current {monthly} premium is \${3,701.00}. {The premium reflects a {10}% {Spousal}{Companion}} Discount {and a {5}% MultiLife Discount}.) If all premiums are paid when due, this Policy will become paid-up after it has been in force for a period

of {10} years; however, premiums are not guaranteed and can be changed by class.

Premiums to Age 65

Annual

***This Policy has a paid-up feature.
Premiums are payable to age 65.**

An {annual} premium is payable on the Policy Date and on every policy anniversary after that.

The current {annual} premium is \${x,xxx.xx}. {The premium reflects a {xx}% {Spousal} {Companion}} Discount {and a {x}% MultiLife Discount}.) If all premiums are paid when due, this Policy will become Paid-Up after it has been in force for a period of {amount of years to age 65} years; however, premiums are not guaranteed and can be changed by class during the premium paying period.

Semi-Annual

***This Policy has a paid-up feature.
Premiums are payable to age 65.**

A {semi-annual} premium is payable on the Policy Date and every {six months} after that. The {semi-annual} premium equals the annual premium multiplied by {0.512}.

The current {semi-annual} premium is \${x,xxx.xx}. {The premium reflects a {10}% {Spousal} {Companion}} Discount {and a {5}% MultiLife Discount}.) If all premiums are paid when due, this Policy will become Paid-Up after it has been in force for a period of {amount of years to age 65} years; however, premiums are not guaranteed and can be changed by class during the premium paying period.

		<p>Quarterly *This Policy has a paid-up feature. Premiums are payable to age 65.</p> <p>A {quarterly} premium is payable on the Policy Date and every {three months} after that. The {quarterly} premium equals the annual premium multiplied by {0.259}.</p> <p>The current {quarterly} premium is \${x,xxx.xx}. {The premium reflects a {10}% {Spousal}{Companion}} Discount {and a {5}% MultiLife Discount}.) If all premiums are paid when due, this Policy will become Paid-Up after it has been in force for a period of {amount of years to age 65} years; however, premiums are not guaranteed and can be changed by class.</p> <p>Monthly *This Policy has a paid-up feature. Premiums are payable to age 65.</p> <p>A {monthly} premium, plus an administrative charge if applicable, is payable on the Policy Date and every {month} after that. The {monthly} premium equals the annual premium multiplied by {0.087}.</p> <p>The current {monthly} premium is \${x,xxx.xx}. {The premium reflects a {10}% {Spousal}{Companion}} Discount {and a {5}% MultiLife Discount}.) If all premiums are paid when due, this Policy will become Paid-Up after it has been in force for a period of {amount of years to age 65} years; however, premiums are not guaranteed and can be changed by class.</p>
Elimination Period	Page 3A	<p>The following options are available:</p> <ul style="list-style-type: none"> • 6 weeks • 12 weeks • 25 weeks • 52 weeks
Maximum Monthly Limit	Page 3A	Available in \$100 increments

<p>Percentage of Maximum Monthly Limit</p>	<p>Page 3A</p>	<p>This will vary depending on if the Automatic Benefit Increase is chosen and at which percentage (3, 4, or 5%).</p> <p>If the Automatic Additional Purchase Benefit is chosen, the following language will appear: On each policy anniversary when there is an Automatic Additional Purchase Benefit increase, the Maximum Monthly Limit will increase by 5%.</p>
<p>Benefit Account Value</p>	<p>Page 3A</p>	<p>This amount can reflect if the policy has the 3 or 6 year benefit period, if so, the amount shown will be the Benefit Account Value as of the policy date.</p> <p>Or it could be “Unlimited” if the policy has the lifetime benefit period option.</p>
<p>Percentage of Benefit Account Value</p>	<p>Page 3A</p>	<p>This will vary depending on if the Automatic Benefit Increase is chosen and at which percentage (3, 4, or 5%).</p> <p>If the Automatic Additional Purchase Benefit is chosen, the following language will appear: On each policy anniversary when there is an Automatic Additional Purchase Benefit increase, the Benefit Account Value will increase by 5% of the Benefit Account Value Remaining.</p>

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.004 Partnership
Product Name: 2012 TT LTC RATES
Project Name/Number: 2012 TT LTC RATES/2012 TT LTC RATES
Filing Company: Northwestern Long Term Care Insurance Company

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/01/2012	Form	Application for Long-Term Care Insurance	09/13/2012	90-1968 LTC (0213) AR.pdf (Superseded)
08/01/2012	Form	Application for Long-Term Care Insurance Policy Change	09/13/2012	90-1279 LTC (0213) AR.pdf (Superseded)

Complete Part A for all applications

Application for Northwestern Long Term Care Insurance Company (NLTC) Long-Term Care Insurance

In the last five years , has an application or informal inquiry ever been made to The Northwestern Mutual Life Insurance Company or its affiliates on the Insured?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, check all that apply: <input type="checkbox"/> Life <input type="checkbox"/> DI The last Policy Number _____
---	---	--

Check this box if applying for multiple policies for this insured on this application

1. Insured Information

A. Name (First, M.I., Last) <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other _____		<input type="radio"/> Male <input type="radio"/> Female
B. Primary Residence Address		
City	State	Zip Code
C. Taxpayer ID Number (SSN)	D. Date of Birth (MM/DD/YYYY)	E. Place of Birth
F. Primary Telephone Number	G. Secondary Telephone Number	H. E-Mail Address

2. Premium Payer - Premium and other notices will be sent to the payer indicated

A. Select one: <input type="radio"/> Insured <input type="radio"/> Other Personal Name (First, M.I., Last) or Business/Trust <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other _____ Name _____	B. Select one: <input type="radio"/> MCB <input type="radio"/> New ISA (<i>a signed ISA Plus Request form MUST be submitted with this application</i>) <input type="radio"/> Existing ISA
--	--

3. Secondary Addressee Premium Billing Notice

You may name a secondary addressee for the purpose of notification of past due premium payment(s) and possible lapse in coverage. To designate a secondary addressee Complete A through D. Note: If you are electing not to designate a secondary addressee, mark the appropriate box in the Authorization and Signature section on Page 5.

A. Secondary Addressee Name (First, M.I., Last) <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/> Other _____		
B. Relationship to Insured		
C. Primary Residence Address		
City	State (or foreign country)	Zip Code
D. Daytime Telephone Number		

4. Special Policy Date - Complete only if a special date is being requested

All policies applied for on this application will have the same policy date

A. <input type="checkbox"/> Date to save age (available for prepaid or non-prepaid)	B. <input type="checkbox"/> Specified future date (available for non-prepaid only)
NOTE: SELECTING "DATE TO SAVE AGE" WILL RESULT IN ADDITIONAL PREMIUM DUE.	(MM/DD/YYYY) _____

Complete Part A for all applications

5. Discounts - (If none, skip to Section 6)

DEFINITIONS:

Spousal – Married or a relationship granted the legal rights of spouses in the state of application.

Companion – A committed relationship of two unrelated people or two family members of the same generation as evidenced by having lived together for at least two years and intending to continue to do so.

MultiLife Discount – Available to employer or association sponsored group members.

A. Spousal: Are you married or in a relationship that is granted the legal rights of spouses in the state of this application?..... Yes No

B. Companion: If you answered "no" to the question above, are you in a committed relationship with an unrelated person or a family member of the same generation, with whom you have been living together for at least the last two years and intend to continue to do so?..... Yes No

C. Is your Spouse or Companion also applying for this insurance, or does he/she currently have an existing NLTC individual long-term care insurance policy? (If "Yes," complete information below.) ... Yes No

Spouse/Companion Information

1. Name (First, M.I., Last)	2. Taxpayer ID Number (SSN)
3. Date of Birth (MM/DD/YYYY)	4. Policy Number (if available)

D. MultiLife Discount: Do you belong to a sponsored group?..... Yes No

MultiLife Group #: _____ Sponsored Group Name: _____
 Core
 Non-Core

6. Premium Frequency

Annually Semi-Annually Quarterly Monthly

7. Policy(ies) Applied For (ONLY for the insured listed in section 1 on page 1 of this application)

	POLICY 1	POLICY 2
A. Premium Payment Duration <i>Select one for each policy</i>	<input type="radio"/> For Life <input type="radio"/> 10 Pay <input type="radio"/> To Age 65	<input type="radio"/> For Life <input type="radio"/> 10 Pay <input type="radio"/> To Age 65
B. Maximum Monthly Limit	\$ _____	\$ _____
C. Benefit Period <i>Select one for each policy</i>	<input type="radio"/> 3 Year (36 months) <input type="radio"/> 6 Year (72 months) <input type="radio"/> 10 Year (120 months) <input type="radio"/> Lifetime	<input type="radio"/> 3 Year (36 months) <input type="radio"/> 6 Year (72 months) <input type="radio"/> 10 Year (120 months) <input type="radio"/> Lifetime
D. Elimination Period <i>Select one for each policy</i>	<input type="radio"/> 6 Weeks <input type="radio"/> 25 Weeks <input type="radio"/> 12 Weeks <input type="radio"/> 52 Weeks	<input type="radio"/> 6 Weeks <input type="radio"/> 25 Weeks <input type="radio"/> 12 Weeks <input type="radio"/> 52 Weeks

Complete Part A for all applications

7. Policy(ies) Applied For (continued)

		POLICY 1	POLICY 2
E. Inflation Protection Options <i>Select one for each policy</i>		<input type="radio"/> Automatic Additional Purchase Benefit (AAPB) <i>Not available with 10 Pay or To Age 65</i>	<input type="radio"/> Automatic Additional Purchase Benefit (AAPB) <i>Not available with 10 Pay or To Age 65</i>
		<input type="radio"/> Automatic Benefit Increase (ABI) To apply for less than 5% compounded increases, indicate: <input type="checkbox"/> 3% or <input type="checkbox"/> 4%	<input type="radio"/> Automatic Benefit Increase (ABI) To apply for less than 5% compounded increases, indicate: <input type="checkbox"/> 3% or <input type="checkbox"/> 4%
		<input type="radio"/> None (if rejected, see below)	
Rejection of Inflation Protection Note: If you are electing to reject inflation protection on one or both policies, mark the appropriate box(es) in the Authorization and Signature.			
F. Optional Benefits	Survivorship Benefit	<input type="radio"/> Yes <input type="radio"/> No <i>Not available with 10 Pay or To Age 65</i>	<input type="radio"/> Yes <input type="radio"/> No <i>Not available with 10 Pay or To Age 65</i>
	Paid-Up Nonforfeiture Benefit	<input type="radio"/> Yes <input type="radio"/> No <i>Included with 10 Pay and To Age 65</i>	<input type="radio"/> Yes <input type="radio"/> No <i>Included with 10 Pay and To Age 65</i>

8. Long-Term Care Conditional Insurance Agreement

Has the premium for the policy applied for been paid in exchange for the Long-Term Care Conditional Insurance Agreement?..... Yes No

9. Insurance History and Replacements

A. Are you covered by Medicaid? (NOT Medicare) Yes No

B. Have you ever had life, disability, health, or long-term care insurance declined, rated, modified, issued with an exclusion rider, cancelled, rescinded, or not renewed?
 If "Yes," please explain: _____ Yes No

C. Did you have another long-term care insurance policy or certificate of insurance in force during the last twelve (12) months? Yes No

If "Yes," please state which company: _____

If that policy or certificate lapsed, when did it lapse? Date _____ Policy Number _____

D. Do you have another long-term care insurance policy or certificate (including health care service contract, health maintenance organization contract) in force or pending with other companies?
 If "Yes," indicate Insurer, Type of Insurance, Benefit Amount, and In Force or Pending. Yes No

Insurer	Type of Insurance	Benefit Amount	In Force or Pending

E. Instructions to agent: List any health insurance or long-term care insurance policies that you have sold to the insured that (a) are still in force or (b) that have been sold in the last five (5) years and are no longer in force.

Check this box if the agent has NOT sold any other health insurance policies to this insured.

Insurer	Type of Insurance	In Force or Not In Force	Date of Lapse/Termination (if applicable)

Complete Part A for all applications

9. Insurance History and Replacements (continued)

Agent: To the best of your knowledge, will the insurance applied for replace long-term care, nursing home, or health care insurance in force with this or any other company? (If "Yes," submit Replacement Notice) Yes No

Will the insurance applied for replace:

F. a Northwestern Long Term Care Insurance Company insurance policy? Yes No

G. a long-term care, home health care, nursing home care, or life based long-term care insurance policy issued from a source other than Northwestern Long Term Care Insurance Company? Yes No

H. any other type of accident or sickness policy (including medical, health, or disability) from a source other than Northwestern Long Term Care Insurance Company? Yes No

I. If you answered "Yes" to any of the above, complete the following for each policy being replaced:

Insurer and Address	Type of Insurance	Policy Number	Amount to Be Replaced

NOTE: If the Insured(s) answered "Yes" to questions F through I, complete the Replacement Notices attached. Give one copy to the Insured and submit one with the application.

When issuing insurance as a result of this application, Northwestern Long Term Care Insurance Company will rely on the fact that the coverage listed above can and will be terminated by the next premium due date. If the coverage listed is not terminated by that date, or it is terminated and later reinstated, any policy issued as a result of this application may be rescinded and all premiums will be returned. Northwestern Long Term Care Insurance Company may contact a listed insurer to confirm that the coverage has been terminated.

The Insured consents to this application for long-term care insurance and declares that the answers and statements are correctly recorded, complete and true to the best of the Insured's knowledge and belief as of the date signed below. The Insured acknowledges that he or she has reviewed any and all answers and statements recorded in this Part A.

Statements in this application are representations and not warranties.

The Insured agrees that:

- 1) If the premium is **not paid** when the application is signed, no insurance will be in effect. The insurance will take effect only (a) at the time the policy is delivered, (b) the premium is paid, and (c) the answers and statements in the application are still true.
- 2) If the premium is **paid** when the application is taken, no insurance will be in effect except as provided in the Long-Term Care Conditional Insurance Agreement.
- 3) Receipt of an Outline of Coverage for each policy applied for, Shopper's Guide, Potential Rate Increase Disclosure, the "Things You Should Know Before You Buy Long-Term Care Insurance" and Notice of Insurance Information Practices is acknowledged.
- 4) **No agent is authorized to make or alter contracts or to waive any of the Company's rights or requirements.**

The Insured authorizes NLTC, its agents, employees, affiliates, reinsurers, insurance support organizations and their representatives to obtain information about the Insured to evaluate this application and to verify information in this application. This information may include: (a) age; (b) medical history, condition, and care; (c) physical and mental health; (d) income and financial history; (e) driving record; (f) other personal characteristics; and (g) other insurance. This authorization extends to information on the use of alcohol, drugs and tobacco; the diagnosis or treatment of HIV (AIDS virus) infection and sexually transmitted diseases; and the diagnosis and treatment of mental illness. During the time this authorization is valid it extends to information required to determine eligibility for benefits under any policy issued as a result of this application.

Complete Part A for all applications

The Insured authorizes any person, including any physician, health care professional, hospital, clinic, medical facility, government agency including the Veterans and Social Security Administrations, the Medical Information Bureau, Inc. (MIB, Inc.), employer, business associates, consumer reporting agency, banker, accountant, tax preparer, or other insurance company, to release information about the Insured to NLTC or its representatives on receipt of this Authorization.

The above authorization is valid for 24 months from the date it is signed. This authorization can be revoked by writing to the Administration Office. If the Insured revokes this authorization, the Company may not be able to accept the application. A copy of this authorization is as valid as the original and will be provided on request.

In the course of conducting our business, we may disclose to other parties information we have about the Insured. These disclosures are only made as permitted by law, such as disclosures to our reinsurers, consultants, MIB, administrators, governmental authorities, or as the Insured otherwise authorizes. The Insured has received a copy of the Medical Information Bureau and Fair Credit Reporting Act notices. The Insured authorizes NLTC to obtain an investigative consumer report on the Insured.

The Insured requests to be interviewed if an investigative consumer report is done.

REJECTION OF INFLATION PROTECTION STATEMENT (Complete if option was not selected)

I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the Inflation Protection. Specifically, I reviewed the Automatic Benefit Increase and the Automatic Additional Purchase Benefit and I reject the inflation protection.

Policy 1 Policy 2 (only if applicable)

REJECTION OF SECONDARY ADDRESSEE (Complete if option was not selected)

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice.

COMPENSATION DISCLOSURE: In connection with the placement of insurance with Northwestern Long Term Care Insurance Company (the insurer), the licensed Agent represents and may provide services on behalf of the Insurer. The licensed Agent will receive commissions and may receive other performance-based compensation for the placement of this insurance from the insurer and its representatives.

The signature below applies to this Part A, including if applicable, the Rejection of Inflation Protection and/or Rejection of a Secondary Addressee.

CAUTION: If your answers on this application are incorrect or untrue, the Company has the right to deny benefits or rescind your policy.

X
Print Name of **INSURED**

X
Signature of **INSURED**

X
Date Signed by **INSURED** (MM/DD/YYYY)

X
(City, County & State) Signed by **INSURED**

X
Signature of **LICENSED AGENT**

Some states require us to inform you that any person who, with intent to defraud, or with knowledge that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be subject to criminal and civil penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Complete for all policy changes

INSURED'S NAME	POLICY NUMBER ("EXISTING POLICY")
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ONLY COMPLETE SECTIONS FOR REQUESTED CHANGES.

1. Contract Changes

A. New Maximum Limit \$ _____
(RR/RS: Daily Limit; TT: Monthly Limit)

B. New Benefit Period

3 Year
 6 Year *(Not Available for Class 2)*
 10 Year *(Standard Class Only)*
 Lifetime *(Standard Class Only)*

C. New Elimination Period

6 Weeks *(RS and TT Series, Standard Class Only)*
 12 Weeks
 25 Weeks
 52 Weeks *(TT Series Only)*

D. New Home Health and Adult Day Care Daily Limit 50% 100%
(RR and RS Series Only)
 as a percentage of the amount chosen for the Nursing Home Daily Limit

2. Inflation Protection Options

A. Automatic Benefit Increase (ABI) Attach/Change
if requesting less than 5% compounded increases, please indicate: 4% 3%
 Remove

B. Automatic Additional Purchase Benefit (AAPB) Attach Remove
(Not Available with 10 Pay and To Age 65)

3. Premium Payment Duration - TT Series ONLY

Payment Options
 For Life 10 Pay To Age 65

4. Spousal/Companion Discounts

- A. Spousal:** Are you married or in a relationship that is granted the legal rights of spouses in the state of this application?..... Yes No
- B. Companion:** If you answered "no" to the question above, are you in a committed relationship with an unrelated person or a family member of the same generation, with whom you have been living together for at least the last two years and intend to continue to do so?..... Yes No
- C.** Is your Spouse or Companion also applying for this insurance, or does he or she currently have an existing NLTC individual long-term care insurance policy? (If "Yes", complete information below) Yes No

1. Name (First, M.I., Last)	2. Taxpayer ID Number (SSN)
3. Date of Birth (MM/DD/YYYY)	4. Policy Number (if available)

Complete for all policy changes

5. Optional Benefits

A. Survivorship Benefit - Not available with RR, 10 Pay, To age 65 or Classified

- Attach (**Must be attached to BOTH policies - complete section 4C for spouse/companion**)
 Remove (**Benefit will be removed from BOTH policies**)

B. Paid-Up Nonforfeiture Benefit

Included with 10 Pay and To Age 65

- Attach
 Remove

6. Change in Policy Date or Age (Only within first 90 days from the Date of Issue)

- Backdate to save age only
 Remove backdating request

If removing backdating, the premium will be based on the older age.

Reserve Adjustment Charge

If this change results in a Reserve Adjustment Charge (RAC), it must be paid with this application. Include form 60-0454.

Replacements and Insurance History - Required for all changes

Agent: To the best of your knowledge, will the insurance applied for replace long-term care, nursing home, or health care insurance in force with this or any other company? (*If "Yes," submit Replacement Notice*) Yes No

Will the insurance applied for replace:

- A.** a Northwestern Long Term Care Insurance Company insurance policy? Yes No
- B.** a long-term care, home health care, nursing home care, or life based long-term care insurance policy issued from a source other than Northwestern Long Term Care Insurance Company? Yes No
- C.** any other type of accident or sickness policy (including medical, health, or disability) from a source other than Northwestern Long Term Care Insurance Company? Yes No
- D.** If you answered "Yes" to any of the above, complete the following for each policy being replaced:

Insurer and Address	Type of Insurance	Policy Number	Amount to Be Replaced

NOTE: If the Insured(s) answered "Yes" to questions A through D, complete the Replacement Notices (90-1975 and 90-1976). Give one copy to the Insured and submit one with the application.

When issuing insurance as a result of this application, Northwestern Long Term Care Insurance Company will rely on the fact that the coverage listed above can and will be terminated by the next premium due date. If the coverage listed is not terminated by that date, or it is terminated and later reinstated, any policy issued as a result of this application may be rescinded and all premiums will be returned. Northwestern Long Term Care Insurance Company may contact a listed insurer to confirm that the coverage has been terminated.

Change Provisions

EFFECTIVE DATE OF A POLICY CHANGE

For changes submitted within 90 days of the Date of Issue:

If the premium was paid with the original Long-Term Care Application (prepaid policy), the change is effective as of the Policy Date. If the premium was not paid with the original Long-Term Care Application (non-prepaid), the date this completed Long-Term Care Application for Policy Change is signed by the Insured will become the effective date of when insurance coverage with the changes begins.

For changes submitted after 90 days of the Date of Issue:

Changes which do not result in an increase in risk or attachment of a benefit are effective as of the next date following the signature on this completed Long-Term Care Application for Policy Change which corresponds to the day of the month of the Policy Date. Any increases in risk or attachment of a benefit will be effective on the next anniversary of the Policy Date, unless this Long-Term Care Application for Policy Change is signed within 30 days of the previous anniversary of the Policy Date, in which case the requested change will be effective retroactively as of that policy anniversary to preserve the Insured's current age and insurability.

INCREASES IN RISK

No additional insurance or additional benefits will be in force at any time if the Insured is not a risk acceptable to Northwestern Long Term Care Insurance Company, subject to the Long-Term Care Conditional Insurance Agreement if applicable. The increase in risk will be acceptable only if Company requirements place the Insured in the same or a lower premium classification than this policy and the Insured pays the extra premium and any reserve charge when due. Applications for Policy Change will be deemed acceptable based on conditions determined by the Company.

INCONTESTABILITY

The Incontestability Section in the policy will apply to any change to the terms of the Policy upon the request of the Insured which results in an increase in risk subject to the Company's insurability requirements. For the purpose of that section and with regard to this increase in risk, the Date of Issue will be the date the Policy Change takes effect and the term "application" will be deemed to include the Long-Term Care Application for Policy Change and any related medical information submitted over the Insured's signature.

OTHER PROVISIONS

In all other respects, other than the changes stated above or requested in this form, the policy will remain the same.

Complete for all policy changes

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

For changes submitted that include the addition of a benefit or an increase in coverage, the Insured authorizes Northwestern Long Term Care Insurance Company, its agents, employees, re-insurers, insurance support organizations, and their representatives to obtain information about the Insured to evaluate this application and to verify information in this application. This information may include: (a) age; (b) medical history, condition, and care; (c) physical and mental health; (d) income and financial history; (e) driving record; (f) other personal characteristics; and (g) other insurance. This authorization extends to information on the use of alcohol, drugs, and tobacco; the diagnosis or treatment of HIV (AIDS virus) infection and sexually transmitted diseases; and the diagnosis and treatment of mental illness. During the time this authorization is valid it extends to information required to determine eligibility for benefits under any policy issued as a result of this application.

The Insured authorizes any person, including any physician, health care professional, hospital, clinic, medical facility, government agency including the Veterans and Social Security Administrations, the Medical Information Bureau, Inc. (MIB, Inc.), employer, business associates, consumer reporting agency, banker, accountant, tax preparer, or other insurance company, to release information about the Insured to Northwestern Long Term Care Insurance Company or its representatives on receipt of this Authorization.

The above authorization is valid for 24 months from the date it is signed. This authorization can be revoked by writing to the Administration Office. If the Insured revokes this authorization, the Company may not be able to accept the application. A copy of this authorization is as valid as the original and will be provided on request.

In the course of conducting our business, we may disclose to other parties information we have about the Insured. These disclosures are only made as permitted by law, such as disclosures to our re-insurers, consultants, MIB, administrators, governmental authorities, or as the Insured otherwise authorizes.

The Insured has received a copy of the Medical Information Bureau and Fair Credit Reporting Act notices. The Insured authorizes Northwestern Long Term Care Insurance Company to obtain an investigative consumer report on the Insured.

The Insured requests to be interviewed if an investigative consumer report is done.

COMPENSATION DISCLOSURE: In connection with the placement of insurance with Northwestern Long Term Care Insurance Company (the insurer), the licensed Agent represents and may provide services on behalf of the Insurer. The licensed Agent will receive commissions and may receive other performance-based compensation for the placement of this insurance from the insurer and its representatives.

No agent is authorized to make or alter contracts or to waive any of the Company's rights or requirements.

<input type="text"/>	<input type="text"/>
Print Name of INSURED	Signature of INSURED
<input type="text"/>	<input type="text"/>
Date Signed by INSURED (MM/DD/YYYY)	(City, County & State) Signed by INSURED
	<input type="text"/>
	Signature of LICENSED AGENT

Some states require us to inform you that any person who, with intent to defraud, or with knowledge that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be subject to criminal and civil penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

For Long Term Care Administration Office Completion
FORM RECORDED AND SUBMISSION OF POLICY WAIVED

Date _____ By _____
(MM/DD/YYYY)