

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2484 LTC (0113)
Project Name/Number: 90-2484 LTC (0113)/90-2484 LTC (0113)

Filing at a Glance

Company: Northwestern Long Term Care Insurance Company
Product Name: 90-2484 LTC (0113)
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Advertisement
Date Submitted: 09/25/2012
SERFF Tr Num: NWST-128696952
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 90-2484 LTC (0113)

Implementation: On Approval
Date Requested:
Author(s): John Kotarski, Samantha Turdo
Reviewer(s): Donna Lambert (primary)
Disposition Date: 09/28/2012
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/LTC031.001 Qualified
Product Name: 90-2484 LTC (0113)
Project Name/Number: 90-2484 LTC (0113)/90-2484 LTC (0113)

General Information

Project Name: 90-2484 LTC (0113)	Status of Filing in Domicile: Pending
Project Number: 90-2484 LTC (0113)	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: 09/28/2012
	State Status Changed: 09/28/2012
Deemer Date:	Created By: Samantha Turdo
Submitted By: John Kotarski	Corresponding Filing Tracking Number:

Filing Description:

We are submitting the attached forms for your review and approval, if necessary, as advertising material for the Long-Term Care policy and related forms which have been previously approved in your state. Our company may use these forms in the future on its website.

The form(s) included with this filing is intended for use by our agents to provide to clients and prospects regarding long-term care insurance.

If you should have any questions regarding the enclosed forms, you may call me at (414) 665-5637 or you can e-mail me at johnkotarski@northwesternmutual.com. On e-mails that are sent, please copy samanthaturdo@northwesternmutual.com.

Company and Contact

Filing Contact Information

John Kotarski, Product Compliance Specialist	johnkotarski@northwesternmutual.com
720 East Wisconsin Avenue	414-665-5637 [Phone]
Rm S845	414-665-5006 [FAX]
Milwaukee, WI 53202	

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:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 per advertising form
Per Company:	No

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2484 LTC (0113)
Project Name/Number: 90-2484 LTC (0113)/90-2484 LTC (0113)

Company	Amount	Date Processed	Transaction #
Northwestern Long Term Care Insurance Company	\$100.00	09/25/2012	63065142

State: Arkansas Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2484 LTC (0113)
Project Name/Number: 90-2484 LTC (0113)/90-2484 LTC (0113)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	09/28/2012	09/28/2012

SERFF Tracking #:

NWST-128696952

State Tracking #:

Company Tracking #:

90-2484 LTC (0113)

State:

Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

90-2484 LTC (0113)

Project Name/Number:

90-2484 LTC (0113)/90-2484 LTC (0113)

Disposition

Disposition Date: 09/28/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statements of Variability	Approved	Yes
Form	QuietCare Policy Provisions	Approved	Yes
Form	QuietCare Tax-Qualified Long-Term Care Insurance	Approved	Yes

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2484 LTC (0113)
Project Name/Number: 90-2484 LTC (0113)/90-2484 LTC (0113)

Filing Company: Northwestern Long Term Care Insurance Company

Form Schedule

Lead Form Number: 90-2484 LTC (0113)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved 09/28/2012	90-2484 LTC (0113)	ADV	QuietCare Policy Provisions	Initial:	0.000	90-2484 LTC (0113).pdf
2	Approved 09/28/2012	90-2483 LTC (0113)	ADV	QuietCare Tax-Qualified Long-Term Care Insurance	Initial:	0.000	90-2483 LTC (0113).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

QuietCare[®]

Tax-Qualified
Long-Term Care Insurance

Policy Provisions



Northwestern Long Term Care
Insurance Company™

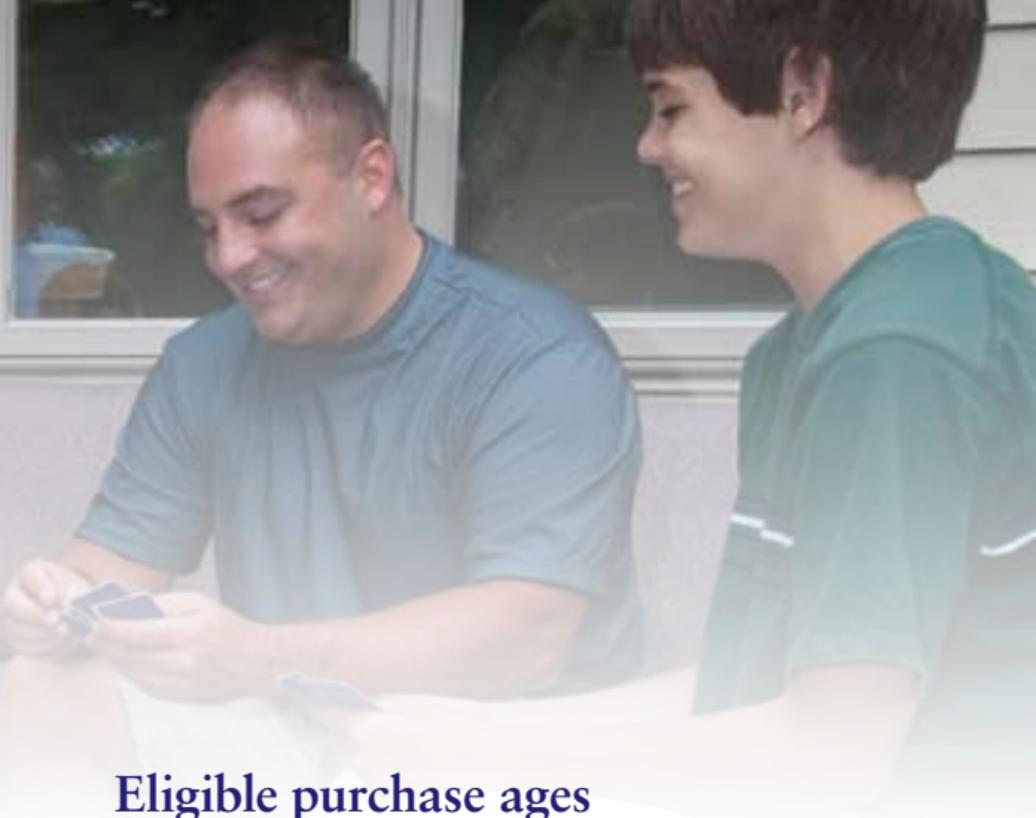
A Northwestern Mutual Company



A Northwestern long-term care insurance policy is designed to reimburse some of the costs of receiving care in either your home, your community, an alternate living facility or a nursing home.

Coverage provided by the policy gives you options over when, where, how much and what type of care you can receive.

Certain state insurance departments require variations in terminology to some policy features. The new terms for the features do not change how the features operate. Such changes may be “Adult Day Health Care Centers” or “Adult Day Care Facilities” replacing “Adult Day Care Centers”, “Assisted Living Facilities” replacing “Alternate Living Facilities,” and “Lifetime Maximum Dollar Amount” or “Maximum Lifetime Benefit” replacing “Benefit Account Value”.



Eligible purchase ages

QuietCare® long-term care insurance may be purchased between the ages of 18 and 79.

Maximum Monthly Limit

You may select a Maximum Monthly Limit between \$1,500¹ and \$12,000² per month in \$100 increments to pay monthly expenses incurred for long-term care services.

QuietCare® will reimburse the actual expenses incurred up to your selected Maximum Monthly Limit for nursing homes and alternate living facilities, which may include assisted living, Alzheimer's care, community-based residential, hospice care, and adult foster care facilities.

Home health and community care daily benefits

Covered home health care services may include appropriately licensed or certified independent care providers.

Benefit period options*

[Three Years (36 months)], [Six Years (72 months)], [Ten Years (120 months)] or [Lifetime (Unlimited) Benefits] are available.

1 \$1,800 in Wisconsin per policy, \$3,100 in New York per policy, \$2,250 in Vermont minimum from all sources, \$3,100 in South Dakota aggregate minimum from all sources

2 \$15,000 in AK, CT, MA, HI, NH, NJ, NY.

*Availability may vary by state

Elimination Period options

6, 12, 25 or 52 weeks³

Benefits begin to be payable after you have incurred either 6, 12, 25 or 52 weeks of qualifying expenses. Once you have satisfied a week toward your Elimination Period, you will never have to satisfy it again.

Benefit account value

If you choose either a [Three-, Six- or Ten-Year Benefit Period], a Benefit Account Value is determined by multiplying the amount of your selected Maximum Monthly Limit by the number of months in the selected Benefit Period. If your monthly cost of care is less than your selected Maximum Monthly Limit, or you do not incur long-term care expenses on a monthly basis, then the unused portion can be used to extend the period of time your coverage will last. [If you select a Lifetime Benefit Period³, the Benefit Account Value is unlimited.]

Hospice care

Hospice care is intended for those in the final stages of needing care services. Hospice Care Services include inpatient and outpatient services that provide end of life care while helping to alleviate the physical, emotional and social discomforts of the terminally ill. The daily benefit will be payable prior to satisfying the Elimination Period if all other requirements for benefits are met and you are receiving hospice care. A licensed physician must certify the terminal illness and the length of the illness to be six months or less. Hospice care can be provided under a hospice care program that is state/federally certified and may be provided in the home, home of a friend or home of a relative. Hospice care that is covered by Medicare is subject to the limitation

for governmental benefits payable. Reimbursed expenses for hospice care will not count in meeting the Elimination Period.

Caregiver training benefit

When you are receiving care in your home, it can sometimes be advantageous to have a friend or family member receive training that teaches them how to better care for you. The Caregiver Training Benefit allows for a certain dollar amount from your policy to be applied toward such training. The Caregiver Training Benefit, however, will not be paid to train an informal caregiver who will be paid to care for you.

Respite care

Respite care is temporary relief to the informal, primary caregiver. Respite care benefits can be paid before satisfying the Elimination Period if all other requirements have been met. However, if benefits for Respite Care are paid for more than 2 days during a week, that week will not count for purposes of meeting the Elimination Period. Respite Care benefits are available for a maximum of 30 days per calendar year, in a total amount up to the value of the Maximum Monthly Limit as of the end of the calendar year.

Waiver of premium

Premiums on your policy will be waived when you are determined to have a need for long-term care – either needing hands-on or stand by assistance with at least two Activities of Daily Living (ADLs) or needing substantial supervision due to a severe cognitive impairment. Premiums will be waived until the next policy anniversary. If a premium is waived on the policy anniversary, the annual premium is waived. Premiums will not be waived after

there is no longer a need for long-term care. For those who have a need for long-term care while outside the United States and Canada, premiums will be waived until the next policy anniversary, and up to one additional policy anniversary.

Bed reservation

If you are in a nursing home or an alternate living facility and need to leave for whatever reason, QuietCare® will cover your room and board expenses up to your Maximum Monthly Limit if an expense is incurred to hold your space.

Dividends

Your policy is participating. Any dividends will be used to reduce future premiums, or if not so used because the policy is in a non-premium paying status, will be accumulated as a premium refund which may not exceed the aggregate premiums paid. The cumulative premium refund will be paid to the insured at the earlier of cancellation or termination of the policy or death of the insured.⁴

Alternate plan of care

If you would otherwise require qualified long-term care services from an appropriate provider of care, QuietCare® may provide benefits through other means under a written plan of care. An Alternate Plan of Care must

⁴ Neither the existence nor the amount of a dividend is guaranteed in any given year. Decisions with respect to the determination and allocation of divisible surplus are left to the discretion and sound business judgment of the Board of Directors. There is no guaranteed specific method or formula for the determination and allocation of divisible surplus. Northwestern Long Term Care's approach is subject to change, or if not so used because the policy is in a non-premium paying status, will be accumulated as a premium refund which may not exceed the aggregate premiums paid. The cumulative premium refund will be paid to the insured at the earlier of cancellation or termination of the policy or death of the insured.

be agreed upon by you, a licensed health care practitioner and Northwestern Long Term Care Insurance Company.

Claim assistance services

You may elect to use the services of a Licensed Health Care Practitioner appointed by the Company to provide Claim Assistance Services. Claim Assistance Services are intended to facilitate assessments of the benefit eligibility and assist you in the claims process. Examples include:

- Assessing the need for long-term care and developing an appropriate plan of care
- Assisting in the completion of claim forms
- Providing annual certification of a need for long-term care
- Providing information on local provider, community and health resources
- Monitoring and periodic reassessments of your need for long term care and your plan of care

Claim Assistance Services are available at the company's expense and will not reduce the Benefit Account Value. Claim Assistance Services may be used prior to satisfying the Elimination Period. In all cases, you choose whether or not to use these Claim Assistance Services, and you select the providers of your care.

Premium payment options

[There are [two options] for paying premiums; a standard premium payment plan or a limited pay plan.

1. A standard premium payment plan requires premiums to be paid regularly for the life of the policy, unless you become eligible for benefits. Once it is determined that you have a need for long-term care, premiums will be waived.]

[2. The Limited Payment plan allows you premium paying flexibility. Instead of paying premiums for the life of the policy, you may choose from the Limited Payment Plan options with correspondingly different premium structures:

- 10-pay
- Paid-up at Age 65 (with a minimum of 10 years of premium payments)

Under these premium options, 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 or at age 65 (with a minimum of 10 years of premium payments), respectively.]

Discounts

Spousal Discount:⁵ If both you and your spouse are issued a QuietCare® long-term care insurance policy, you will receive a [30] percent discount on each policy. If you qualify for a QuietCare® long-term care insurance policy, but your spouse does not, you are still eligible for a [10] percent spousal discount.

Companion Discount:⁶ If both you and your companion are issued a QuietCare® long-term care insurance policy, you will receive a [30] percent Companion Discount on each policy. The Companion Discount is not available when the Spousal Discount applies. A companion relationship is defined as a committed relationship of two unrelated people or two family members of the same generation. If you qualify for a QuietCare® long-term care insurance policy, but your companion does not, you are still eligible for a [10] percent companion discount.

5 In Montana, spousal discounts are not available. A companion discount is available in Montana. In Montana, companion means a committed relationship of two unrelated people or two family members of the same generation as evidenced by marriage or having lived together and intending to continue to do so.

6 Not available in all states.

MultiLife Discount:⁷ A [5] percent discount is available on all policies issued to members of eligible employer, association or affinity group including spouses, parents, parents-in-law and retirees.

The MultiLife Discount is available in addition to the Spousal Discount.

Optional policy benefits

(Available at an additional cost)

Automatic Benefit Increase

Choose an amount from 3 percent to 5 percent⁸ by which you want your Maximum Monthly Limit and remaining Benefit Account Value to increase on a compounded annual basis at each policy anniversary. The cost of the future coverage increases is built in and will not cause your original premium to increase after issue.⁹

Automatic Additional Purchase Benefit¹⁰

This option allows the amount of your Maximum Monthly Limit and remaining Benefit Account Value to increase by 5 percent compounded per policy year on each policy anniversary date, up to age 85 (or for 10 years if later)¹¹ without any additional underwriting. You decide whether or not to accept a future increase.

On each policy anniversary when coverage increases, your premium will increase based on attained age rates. Upon declining a second automatic increase, your Benefit Account Value

7 Policies issued in PA, NJ, NY and OH with the MultiLife Discount have the form number TT.LTC.ML.(1010).

8 3% & 4% are not available in HI, ID, IN, NC. 3% or 4% annual compound inflation protection is only available if 5% annual compound is rejected.

9 Due to the guaranteed renewability of this product, premiums will only be changed if all policies of the same form in your class are changed and, in most states, if your state insurance department approves the change.

10 In PA, this benefit is referred to as "Optional Additional Purchase Benefit Rider."

11 No age or duration limits in CT, IN, MD, PA, TX.

and Maximum Monthly Limit will remain level and all future increases are no longer available. When you receive benefits, the remaining Benefit Account Value and Maximum Monthly Limit will automatically increase by 5 percent compounded on each policy anniversary with no age or duration limit.

Survivorship Benefit¹²

With the Survivorship Benefit, your QuietCare® policy will become paid up so that no future premiums will be due on your policy after the death of your spouse or companion, provided that:

- You and your spouse or companion each have a long-term care policy with this Survivorship Benefit; and
- This benefit has not terminated due to your written request or for nonpayment of premium.

Paid-Up Nonforfeiture Benefit

With this benefit, a special Benefit Account Value will be determined if the premiums stop being paid on or after the third policy anniversary. It will be equal to the greater of 100% of premiums paid at date of issue of the benefit, or the Maximum Monthly Limit level at the time premiums stopped being paid. An adjustment may be made to make sure the total amount paid over the life of the policy does not exceed what would have been payable at the time premiums stopped being paid.

Guaranteed renewable

Your policy will stay in force as long as premiums are paid when due. The policy can neither be cancelled nor have its terms, other than premiums, changed by the Company.¹³

12 Not available in NJ.

13 Due to the guaranteed renewability of this product, premiums will only be changed if all policies of the same form in your class are changed and, in most states, if your state insurance department approves the change.

Right to return

You may return the policy for any reason without penalty or obligation within 30 days after you receive it. Any premium paid will be refunded.

EXCLUSIONS AND LIMITATIONS

QuietCare® does NOT pay long-term care benefits for care that is:

- Provided for a need for long-term care primarily due to alcoholism or drug addiction.¹⁴
- Received outside of the fifty United States, the District of Columbia or the country of Canada.
- Provided by an immediate family member unless the family member provides such care as an employee of a qualified home health-care agency.
- Reimbursable under any federal, state or governmental health-care plan or law except Medicaid, unless required by law. The contract cannot reimburse expenses that are reimbursable, or would be reimbursable except for the application of a deductible or coinsurance amount, under Medicare, except expenses which are reimbursable under Medicare only as a secondary payor.

For determining the benefit payable, the insured's expenses will be reduced by the expenses subject to this limitation.

- Normally provided at no charge in the absence of insurance.

After issue, no exclusion will be made for pre-existing conditions.¹⁵ This is a general list of exclusions. However, state variations may apply.

- 14 In Colorado, Maryland and Vermont this exclusion does not apply. Also, it is referred to as "Alcoholism or Drug Detoxification" in Massachusetts. In Louisiana, the exclusion is for care that is provided for a need for long-term care for alcoholism or drug addiction.
- 15 A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within six months preceding the effective date of coverage.

Your state's insurance department may have additional information, including a buyer's guide, explaining long-term care insurance.

For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your licensed insurance agent/producer or write to the company.

This brochure is not all-inclusive. The policy provides a complete list of benefits, limitations and exclusions. QuietCare® is an individual tax-qualified long-term care insurance policy that is medically underwritten. This material is produced for the marketing and solicitation of insurance. You may be contacted by a financial representative. A financial representative is a licensed insurance agent/producer.

In Texas, the prospective insured may contact the Health Information Counseling and Advocacy Program (HICAP), 701 W. 51st W-352, Austin, Texas, 78751, at 1-800-252-9240 to receive counseling regarding the purchase of long-term care or other health care coverage. This program is a senior insurance counseling program provided by the Area Agency on Aging under the authority of the Texas Health and Human Services Commission.

Northwestern Long Term Care Insurance Company
A subsidiary of The Northwestern Mutual
Life Insurance Company · Milwaukee, WI
www.northwesternmutual.com

Policy forms TT.LTC.(1010) and TT.LTC.ML.(1010). Form TT.LTC.ML.(1010) is available only in New Jersey, New York, Ohio and Pennsylvania. Form TT.LTC.LP.(1010) is only available in Texas.



**Northwestern Long Term Care
Insurance Company™**

A Northwestern Mutual Company

QuietCare[®]

Tax-Qualified
Long-Term Care Insurance



Northwestern Long Term Care
Insurance Company[™]

A Northwestern Mutual Company



*Financial security is the confidence
that comes from taking action today to provide for tomorrow.*

CONTENTS

2	4	6	8	10	12	14
Your Options for Coverage	Benefits	Assistance Choices	Customize Your Policy	Optional Features	Discounts, Provisions, Exclusions	Our Commitment



We spend our lifetimes working hard and saving for the future to ensure our security and the security of our family. We purchase life insurance or disability income products, invest in stocks and contribute to retirement funds. Financial security may mean different things to different people, but for many it is a major objective in our lives.

While we cannot predict what the future may bring, we can start to plan for it so we can continue to be in control of our futures and our financial security. There are several significant issues we need to consider when thinking about our futures – specifically when thinking about possibly needing care.

The combination of longer lives, family demographics, increasing cost of long-term care, and unexpected lifetime events heighten the need to protect our financial security from the cost of receiving this care.

Long-term care defined

Long-term care refers to services that individuals suffering from a chronic illness, disabling condition, or cognitive impairment rely upon. These services are generally needed for an extended period of time and may not “cure” or “heal” the individual receiving them. Long-term care services help with routine activities such as bathing, dressing, and eating.

Living longer due to:

- Advances in medicine and healthcare
- Healthier lifestyles

People are living longer, and with that, the chances of needing long-term care increases.

Changing family demographics

- Dual-income families
- “Sandwich Generation” – people potentially caring for aging parents while rearing their own children
- Families more commonly spread across the country

As families change, we need to explore other options if we would need long-term care.

Increasing cost of care

- home health care
- assisted living facility
- private room in a nursing home

The current and future cost of long-term care can be significant.

Expecting the Unexpected

Individuals of any age may experience the need for long-term care due to:

- a chronic illness like Multiple Sclerosis
- a cognitive impairment including early onset dementia, or
- the results of an accident like paralysis

By starting to consider our options early in life while in good health, we can help protect against the unexpected need for care now and in the future.

YOUR OPTIONS

Here are some options to consider should you ever need long-term care.

It's important to consider all options and resources available to you for long-term care assistance.

Family

Family members often take on the responsibility of caring for a loved one. Care from a family member is not usually the planned option, but rather the result of a sudden need. Given the option, many would prefer that the family was there for support, not as primary care providers. Care-giving family members may develop their own health issues, and become unable to take on the additional responsibility of providing care on a long-term basis, no matter how willing.

It may be equally difficult for adult children to take on the long-term care needs of a parent. Relocation may be necessary, but even when the child is nearby, juggling care-giving and work responsibilities may result in scheduling conflicts with their employers, time away from work, and less time spent with their own children.

Disability income insurance

A fundamental building block to a sound financial security plan, disability income insurance is designed to protect your ability to receive an income should you become sick or injured and unable to work. It is designed to replace lost income and pay for every day expenses, such as your mortgage and bills. In situations where a disability also requires long-term care services, your routine living expenses may remain relatively constant but the additional expenses specifically related to an injury or illness can add up. Disability income insurance is not specifically designed to provide the funds for the additional cost of long-term care services.

Medicare and health insurance

For most Americans, Medicare becomes our health insurance at age 65. It is designed to pay for medically necessary skilled care for acute, short-term conditions such as broken bones, emergency surgery or a heart attack. Chronic medical conditions evolve over longer periods of time and generally require non-skilled and non-medical care. **“Medicare and most health insurance plans, including Medigap (Medicare Supplement Insurance) policies don't pay for this type of care, also called ‘custodial care’.”¹**

However, under Medicare Part A, if you meet certain criteria after being discharged from the hospital, skilled nursing facility services are covered as follows:

Days	You Pay	Medicare Pays
1-20	Nothing	Everything
21-100	[\$144.50/day]	Balance
101+	Everything	Nothing

Based on [2012] figures.

Medicaid

Medicaid² is a state-administered government-funded program that pays health care expenses for low-income individuals. If eligibility requirements are met, Medicaid can pay for nursing facility and limited home health care services. The recipient must meet the state's eligibility requirements.

1 [“Medicare and You 2012,” Department of Health and Human Services, 2012.]

2 Also referred to as Medi-Cal in California, MassHealth in Massachusetts, and TennCare Medicaid in Tennessee.

Your income and assets

The cost of long-term care is often underestimated and may have a larger impact on your assets than you realize. Assuming an estimated annual cost of home health care of [\$64,240 in 2010] and rising at the rate of 5% per year due to inflation, to pay for an average claim a 55 year-old would need to accumulate [\$1,500,000] by the time he or she reaches age 85.

Private Pay

Projection based on annual increase of 5% in long-term care costs provided by a home health aide 8 hours per day for 5 years

[Today]	[\$ 64,240]
[2040]	[\$277,642]
[2041]	[\$291,524]
[2042]	[\$306,100]
[2043]	[\$321,405]
[2044]	[\$337,475]

Total Resources

Needed **[\$1,534,145]**

Based on 7% rate of return, this would require:
Investing [\$319,874] today, or
Saving [\$19,365] each year for [34] years

Assumes an income tax rate of 28%

[Source of cost of care is the Northwestern Long Term Care Cost of Care Survey, June 2010. Long Term Care Group, Inc.]

To better understand the potential cost of a future long-term care event, and how it can vary by age, place and length of the event, visit www.LTCcostcalculator.com

Long-term care insurance

Only long-term care insurance is designed to reimburse some of the costs of receiving various levels of care for chronic conditions – either in your home, in the community, at an alternate living facility or in a nursing home. This gives you **options as to when, where, how much, and what type of care you can receive.**

Long-term care insurance helps to provide funding for potential costs and should be considered an integral part of any retirement plan. It **preserves your income and assets** by helping pay for your care through your policy, and not out of your pocket.

Long-term care insurance can be **designed to fit a wide range of needs and budget.** With some decisions it may pay to wait, but the earlier you decide to include long-term care insurance in your overall plan, the lower your premium and the higher the likelihood you will medically qualify for the coverage.



Note: Certain state insurance departments require variations in terminology to some policy features. The new terms for the features do not change how the features operate. Such changes may be “Adult Day Health Care Centers” or “Adult Day Care Facilities” replacing “Adult Day Care Centers,” “Assisted Living Facilities” replacing “Alternate Living Facilities,” or “Residential Care Facility” and “Lifetime Maximum Dollar Amount” or “Maximum Lifetime Benefit” replacing “Benefit Account Value.”

ASSISTANCE CHOICES

QuietCare®, long-term care insurance offered through Northwestern Long Term Care Insurance Company (Northwestern),³ helps you plan for the ability to afford options such as...

Care in your home

Home care services can be an alternative to receiving care in a facility setting. Home health care-eligible providers include qualified home health care agencies or certain qualifying independent care providers which deliver care in your home, the home of a friend or relative, or a community-based residential facility. Qualified home health care agencies must be licensed and/or certified by the state⁴ and provide care by one or more of the following qualified home health-care providers.⁵

- Registered nurses
- Licensed practical nurses
- Physical therapists
- Licensed vocational nurses
- Occupational therapists
- Speech therapists
- Licensed or certified social workers
- Certified home health aides⁶
- Certified nursing assistants

An **immediate family** member may provide care if he or she meets the criteria for a home-health care provider and is providing such care as an employee of a qualified home health-care agency. You can also receive care through an **independent care provider**, who is a person not affiliated with a home health-care agency but otherwise meets the definition of a qualified home health-care provider. QuietCare does not cover family members as independent care providers.

Homemaker services⁷ are support services necessary to remain in the home, such as meal preparation, laundry, light housekeeping, and supervision of taking medications. Incidental homemaker services may be delivered by a home health care-eligible provider if provided by the same individual and on the same visit as other qualified long-term care services.

[60%]

of Northwestern's claims are for Home Health Care.

[50%] are for Assisted Living, and [30%] are for Nursing Home Care.

These claim percentages add to more than 100% because claimants frequently receive care in more than one setting over the course of their claim.

³ This policy does not qualify for Medicaid asset protection under the Partnership programs in certain states. In MA certain restrictions apply.

⁴ In states that do not license or certify these providers, other guidelines may apply.

⁵ Providers may vary by state.

⁶ Some states do not certify home health aides.

⁷ May be called homecare services in MA.

Care in your community

If you need long-term care services and are able to rely on informal assistance from a friend or family member, community care services can allow your informal caregiver time during the day to work or take care of other needs. Community care includes appropriate adult day care facilities that offer a group program that provides health, social, and related support services in a facility.

Care in an alternate living facility⁸

If the type or frequency of care you need cannot feasibly be provided in your home, care in an alternate living facility may be a better option for you. An alternate living facility primarily provides ongoing care on a 24-hour basis. Such facilities may include Alzheimer's care, adult foster care, personal care or community-based residential facilities (or similar terms) and may be freestanding or part of a larger facility such as an adult congregate living facility.

Assisted living facilities, known as residential care facilities in California, are designed to meet a wide range of individual needs, including assistance with everyday activities like dressing and bathing, within a residential-type setting.

Care in a nursing home

Sometimes care in a nursing home is needed. A nursing home is a facility that is primarily in the business of providing licensed nursing care (skilled, intermediate and custodial) to inpatients on a 24-hour-a-day basis.

Hospice care

Hospice care is intended for those in the final stages of needing care services. Hospice care services include inpatient and outpatient services that provide end of life care while alleviating the physical, emotional, and social discomforts of the terminally ill. The monthly benefit will be payable prior to satisfying the Elimination Period if all other requirements for benefits are met and you are receiving hospice care. Hospice care that is covered by Medicare is subject to a limitation for governmental benefits available.

An Alternate Plan Of Care

A stay in a nursing home or alternate living facility might be avoided or postponed through the development of an alternate plan of care. Such a plan may reimburse costs for services that could keep you in your home, such as durable medical equipment, home modifications or long-term care services that did not yet exist when your policy was issued.

A written agreement between a licensed health-care practitioner, yourself, and Northwestern Long Term Care Insurance Company is required.

⁸ Note: Certain state insurance departments require variations in terminology to some policy features. The new terms for the features do not change how the features operate. Such changes may be "Adult Day Health Care Centers" or "Adult Day Care Facilities" replacing "Adult Day Care Centers," "Assisted Living Facilities" replacing "Alternate Living Facilities," or "Residential Care Facility" and "Lifetime Maximum Dollar Amount" or "Maximum Lifetime Benefit" replacing "Benefit Account Value."

THE CARE YOU WANT

You can customize your QuietCare® policy to meet your specific needs and preferences. When customizing your policy, it is important that you understand the cost of care in your area.

Maximum Monthly Limit

Select a Maximum Monthly Limit from \$1,500⁹ to \$12,000¹⁰ per month, in \$100 increments. QuietCare® will reimburse the actual expenses incurred for eligible long-term care providers in your home, care in the community, care in an Alternate Living Facility or care in a Nursing Home, up to your selected Maximum Monthly Limit.

Elimination Period

The Elimination Period is the number of weeks the insured incurs Qualifying Expenses before benefits begin to be payable. If you have at least one day of qualifying expenses during a calendar week (Sunday through Saturday), the entire week will count toward the Elimination Period. In addition, expenses for qualified long-term care services incurred in countries other than the United States and Canada may also be used to satisfy up to 25 weeks of the Elimination Period.

To find out more about the cost of care in your area, visit
www.NorthwesternCostofLTC.com

\$ _____

- _____ 6 weeks
- _____ 12 weeks
- _____ 25 weeks¹¹
- _____ 52 weeks¹¹

- Qualified expenses count toward satisfying the Elimination Period regardless of the amount incurred per day and whether that amount is reimbursed by other sources such as Medicare.
- Weeks counting toward the Elimination Period need not be consecutive nor met within a specified period of time.
- Once you have satisfied your Elimination Period requirement, you will never have to satisfy it again, regardless of whether there are separate claim intervals. As long as there are qualifying expenses covered by the policy, benefits will be paid.

⁹ \$1,800 in Wisconsin per policy, \$3,100 in New York per policy, \$2,300 in Vermont minimum from all sources, \$3,100 in South Dakota aggregate minimum from all sources.

¹⁰ \$15,000 in AK, CT, HI, MA, NH, NJ, NY.

¹¹ Not available in all states.

Benefit Period*

How long do you want to receive benefits? [Your choices are Lifetime, ten years, six years or three years.]

If your monthly cost of care is less than your selected Maximum Monthly Limit or you do not incur long-term care expenses on a daily basis, then the unused portion can be used to extend the period of time your coverage will last.

The Benefit Account Value

The Benefit Account Value is the maximum total amount payable for qualifying expenses for the duration of the policy. If you choose either a [three-, six- or ten-year] Benefit Period, the Benefit Account Value is determined by multiplying the amount of your selected Maximum Monthly Limit by the number of months in the selected Benefit Period.

For example: If your selected Maximum Monthly Limit is \$4800 per month and you choose a three-year Benefit Period, then your Benefit Account Value would be:

$$\$4800 \text{ per month} \times \text{three years (36 months)} = \$172,800$$

[If you select a Lifetime Benefit Period, the Benefit Account Value is unlimited.]

_____ [Lifetime** (unlimited)]	\$ _____	X _____	= \$ _____
_____ [10 years (120 months)]	Maximum	Benefit Period	Benefit
_____ [6 years (72 months)]	Monthly Limit	(in months)	Account Value
_____ [3 years (36 months)]			

Note: Certain state insurance departments require variations in terminology to some policy features. The new terms for the features do not change how the features operate. Such changes may be "Adult Day Health Care Centers" or "Adult Day Care Facilities" replacing "Adult Day Care Centers," "Assisted Living Facilities" replacing "Alternate Living Facilities," or "Residential Care Facility" and "Lifetime Maximum Dollar Amount" or "Maximum Lifetime Benefit" replacing "Benefit Account Value."

The amount of benefits provided depends upon the plan selected, and the premium will vary depending on the amount of benefits which are selected.

*Availability may vary by state

**Not available in VT

BENEFITS

*There to help you and your family
when you need it most*

Claim assistance services

You may elect to use the services of a Licensed Health Care Practitioner appointed by the company to provide claim assistance services to facilitate assessments of benefit eligibility and assist you in the claims process. Examples include:

- Assessing the need for long-term care and developing an appropriate plan of care
- Assisting in the completion of claim forms
- Providing annual certification of a need for long-term care
- Providing information on a local provider, community and health resources
- Monitoring and periodically reassessing your need for long-term care and your plan of care.

Waiver of premium

Premiums on your policy will be waived when you are determined to need long-term care.

Premiums will not be waived after there is no longer a need for long-term care. For those who have a need for long-term care while outside the United States and Canada, premiums will be waived until the next policy anniversary, and up to one additional policy anniversary.

Bed reservation

If you are in a nursing home or an alternate living facility and need to leave for whatever reason, QuietCare® will cover your room and board expenses each calendar year up to your Maximum Monthly Limit if an expense is incurred to hold your space.



Caregiver training benefit

When you are receiving care in your home, it can sometimes be advantageous to have a friend or family member receive training that teaches them how to better care for you. The Caregiver Training Benefit allows for a certain dollar amount from your policy to be applied toward such training.

Respite care

Respite care is care provided by one of the appropriate providers of care and is intended to give temporary relief to an informal, primary caregiver (such as a family member). Benefits can be paid prior to satisfying the Elimination Period if all other requirements for benefits have been met. However, if benefits for Respite care are paid for more than 2 days during a week, that week will not count for purposes of meeting the Elimination Period. Respite care must be part of the plan of care and benefits are available for a maximum of 30 days per calendar year, in a total amount up to the value of the Maximum Monthly Limit as of the end of the calendar year.

ELIGIBILITY REQUIREMENTS

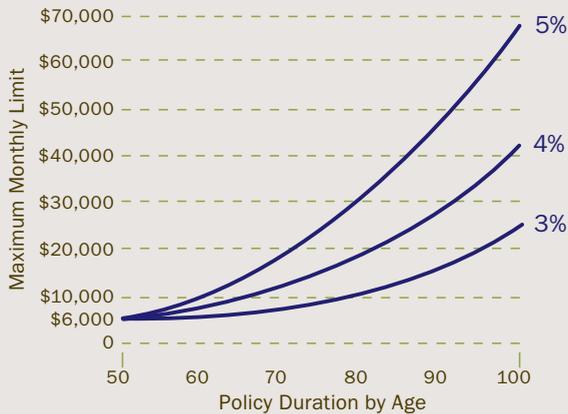
Northwestern Long Term Care Insurance Company will begin to reimburse qualifying expenses for Hospice Care, Respite Care, and Caregiver Training before satisfying the Elimination Period. Other expenses will be reimbursed upon satisfying the Elimination Period requirement and when the company has determined that:

- A licensed health-care practitioner has certified (within the last 12 months) a need for either:
 - Hands-on or standby assistance from another person to perform at least two out of the six “Activities of Daily Living” for an expected period of at least 90 days due to a loss of functional capacity. *The six activities of daily living are: Bathing, Dressing, Toileting, Transferring, Continence, Eating*
- OR
- Substantial supervision to protect the insured from threats to health and safety due to a severe cognitive impairment.
- Expenses are incurred for qualified long-term care services pursuant to a plan of care prescribed by a licensed health-care practitioner and are received from appropriate providers of care such as home health-care agencies, qualified independent care providers, adult day care facilities, alternate living facilities or nursing homes;
- Satisfactory proof of loss is provided to the Company; and
- The benefits are not subject to exclusion under the terms of the policy. Benefits are not payable for the time the Insured has Qualifying Expenses before satisfying the Elimination Period, except as provided by the Hospice Care, Respite Care and Caregiver Training benefits.

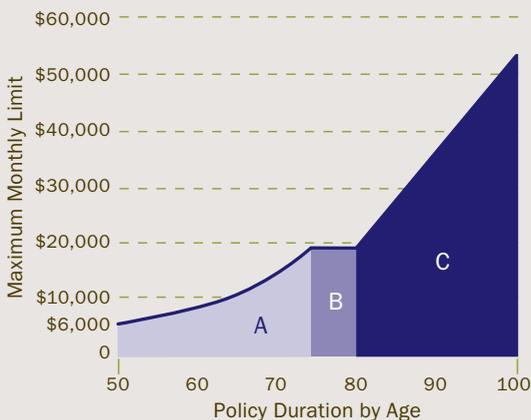
OPTIONAL POLICY BENEFITS

For an additional cost, you may choose from any of the following optional benefits:

1. ABI Indexing Options Benefit



2. AAPB Indexing Benefit



- A 5 percent increases accepted.
 - B 5 percent increases at age 75 and 76 declined by insured. Future increases only occur while on claim.
 - C Maximum Monthly Limit indexed due to claim, and your premium will be waived.
- (This example assumes acceptance of 5 percent increases through age 74, no increases accepted ages 75-79, and indexing of Maximum Monthly Limit beginning at age 80 due to a claim.)

Inflation protection options

Since long-term care insurance is usually a “future” benefit, the actual cost of providing care at a future date is likely to be higher than it is today. QuietCare® offers two ways for your benefits to increase:

1. Automatic Benefit Increase (ABI)

Choose a rate of 3%, 4%, or 5%¹² by which you want your Maximum Monthly Limit and remaining Benefit Account Value to increase on a compounded annual basis on each policy anniversary.

The cost of future coverage increases is built in and will not cause your original premium to increase after issue.¹³

¹² 3% and 4% not available in HI, ID, IN, NC. Indexing of less than 5% is not considered “inflation protection” in all states.

¹³ Due to the guaranteed renewability of this product, premiums will only be changed if all policies of the same form in your class are changed and, in most states, if your state insurance department approves the change.

2. Automatic Additional Purchase Benefit (AAPB)¹⁴

This option allows the amount of your Maximum Monthly Limit and remaining Benefit Account Value to increase 5% compounded on an annual basis on each policy anniversary date, up to age 85 (or for 10 years, if later)¹⁵ without any additional underwriting.

You decide whether or not to accept a future increase. On each policy anniversary when benefits increase, an additional premium based on attained age rates will be payable.

- On refusal of an increase, the coverage and premium levels remain at the prior year's amounts. Increase offers will continue the next year.
- After a second increase is refused, no further increases in coverage are offered.
- Once benefits are payable, coverage increases will occur on the policy anniversary regardless of whether prior increases were refused and there is no age or duration limit to these increases.

Survivorship benefit

With the Survivorship Benefit,¹⁶ your QuietCare[®] policy will become paid up so that no future premiums will be due on your policy after the death of your spouse or companion provided that:

- You and your spouse or companion each have a QuietCare[®] policy with this Survivorship Benefit, and
- This Benefit has not been terminated due to your written request or for nonpayment of premium.

Paid-up nonforfeiture benefit

With this benefit, a special Benefit Account Value will be determined if the premiums stop being paid on or after the third year following the addition of this benefit. It will be equal to the greater of:

- 100% of premiums paid since this benefit was added, including any waived premiums and premiums paid for additional benefits

OR

- the Maximum Monthly Limit

An adjustment may be made to ensure that the total benefit amount paid over the life of the policy does not exceed what would have been payable at the time premiums stopped being paid.

The Maximum Monthly Limit under this benefit is based on the monthly limit available at the time you stopped paying premiums. Regular eligibility requirements must be met in order to receive benefits.

¹⁴ In Pennsylvania, this benefit is referred to as "Optional Additional Purchase Benefit Rider."

¹⁵ No age duration limits in CT, MD, PA.

¹⁶ The Survivorship Benefit is not allowed on any policy that chooses one of the Limited Payment Plan options. Not available in New Jersey.

ADDITIONAL INFORMATION

Payment Options, Discounts, and Provisions

Premium payment options

[There are two options for paying premiums; a standard premium payment plan or a limited pay plan.]

1. A standard premium payment plan requires premiums to be paid regularly for the life of the policy, unless you become eligible for benefits. Once it is determined that you have a need for long-term care, premiums will be waived.

[2. The Limited Payment Plan¹⁷ allows you premium paying flexibility. Instead of paying premiums for the life of the policy, you may choose from the Limited Payment Plan options with correspondingly different premium structures:

- 10-pay
- Paid-up at Age 65 (with a minimum of 10 years of premium payments)

Under these premium options, 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 or at age 65, respectively.

The Paid-Up Nonforfeiture Benefit is automatically included with the Limited Payment Plan options.]

Discounts

Spousal discount

If both you and your spouse qualify for a QuietCare® long-term care insurance policy, both of you will receive a [30%] spousal discount.¹⁸

If you qualify for a QuietCare® long-term care insurance policy, but your spouse does not, you are still eligible for a [10%] spousal discount.

Companion discount

If both you and your companion qualify for a QuietCare® long-term care insurance policy, both of you will receive a [30%] companion discount¹⁹. This discount is not available when the spousal discount applies.

If you qualify for a QuietCare® long-term care insurance policy, but your companion does not, you are still eligible for a [10%] companion discount.

A companion relationship is defined as 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

A [5%] MultiLife discount²⁰ is available on all policies issued to members of eligible employers, associations, or affinity groups including spouses, parents, parents-in-law and retirees.

The MultiLife discount is available in addition to the spousal discount.

¹⁷ [These plans are guaranteed renewable; no additional premiums can be charged after policies are paid-up. A policy enters paid-up status on the anniversary following the final premium payment of the Limited Payment Plan. For the 10-pay plan, the policy becomes paid-up at the end of the tenth policy year. For the Paid-up at age 65 plan, the policy becomes paid-up at the end of the policy year in which the Insured reaches insurable age 65. AAPB inflation protection is not available on the Limited Payment Plan option.]

Note: Premiums are not guaranteed and can be changed by class prior to the date this Policy becomes Paid-Up.]

¹⁸ In Montana, spousal discounts are not available. A companion discount is available in Montana. In Montana, companion means a committed relationship of two unrelated people or two family members of the same generation as evidenced by marriage or having lived together and intending to continue to do so.

¹⁹ Not available in all states.

²⁰ Policies issued in NJ, NY, OH and PA with the MultiLife Discount have the form number TT.LTC.ML (1010).

Additional policy provisions

Guaranteed renewable

Your QuietCare® policy will stay in force as long as premiums are paid when due. The policy can neither be cancelled nor have its terms, other than premiums, changed by Northwestern Long Term Care Insurance Company.

Premiums may be changed only if the premiums for all policies of the same form in your class are changed. In most states, your state's insurance department must approve rate increases.

Regular reinstatement

Subject to company requirements, your QuietCare® policy may be reinstated within one year²¹ after the due date of an overdue premium. You will be required to provide evidence of insurability and pay all unpaid premiums.

Reinstatement for unintentional lapse

If your QuietCare® policy lapses as a result of either functional or severe cognitive impairment, you may reinstate the policy within five months of the expiration of the grace period. You will need to provide satisfactory proof of this loss and will be required to pay all unpaid premiums.

Right to return

You may return the policy for any reason within 30 days after you receive it. The policy may be returned to your financial representative (a licensed insurance agent/producer) or to Northwestern's administrative office at P.O. Box 64009, St. Paul, MN 53164-3173. Any premium paid will be refunded.

Operation of the policy with other coverage

If benefits payable under QuietCare® and any other coverage for long-term care are greater than actual expenses, the monthly benefit payable may be adjusted. However, the Benefit Account Value will not be reduced because of other coverage.²²

QuietCare®

may be purchased
between the ages
of 18 and 79.

²¹ Six months in South Dakota.

²² Not applicable in all states.

OUR COMMITMENT

The Northwestern Long-Term Care Advantage

Strength

Financial strength is fundamental to Northwestern Long Term Care Insurance Company's vision for policyowners. Northwestern Long Term Care Insurance Company, a wholly owned subsidiary of The Northwestern Mutual Life Insurance Company (Northwestern Mutual), has unsurpassed industry financial strength ratings from all four major rating services (see chart below).

These third-party ratings provide a professional assessment of our strength and security and represent our promise to pay our claims and meet our obligations. Additionally, benefits of Northwestern Long Term Care Company are 100 percent guaranteed by Northwestern Mutual.

Stability

We take a long-term perspective by placing policyowner interest first and foremost. The pricing of our long-term care insurance reflects low lapse assumptions, which anticipates that our policyowners will keep and use their policies. These low lapse assumptions contribute to better cash flow for investments. This also enables us to invest in a diversified investment portfolio with a long-term horizon, allowing for better stability when short-term fluctuations exist in the market. We are committed to providing a steady, stable and lasting value.

Northwestern Long Term Care Insurance Company ratings²³

[A++ Highest Rating]

A.M. Best Company
[April 2012]

[AAA Highest Rating]

Fitch Ratings
[June 2012]

[Aaa Highest Rating]

Moody's Investors Service
[October 2011]

[AA+ Second Highest Rating]

Standard & Poor's
[June 2012]

Ratings are subject to change.

²³ The four agencies listed base ratings on the financial strength of the insurance company. These ratings are not recommendations of specific policy provisions, rates or practices of the insurance company. Since its entrance into the long-term care insurance market in 1998, all four agencies have given Northwestern Long Term Care Insurance Company unsurpassed industry financial strength ratings. At the time of this publication, our most current ratings are for the following dates: Moody's Investors Service Aaa (highest), [10/2011]; A.M. Best Company A++ (highest), [4/2012]; Fitch Ratings AAA (highest), [6/2012]; Standard & Poor's AA+ (second highest), [6/2012]. Ratings are subject to change.

Value

Long-term care insurance policies issued by Northwestern Long Term Care Insurance Company are “participating” policies, which means that they are eligible for dividends. **Our philosophy is to pay the highest level of dividends possible while still maintaining a strong surplus position.**²⁴

As new and enhanced benefits to QuietCare® policies become available in the future, it is our ambition to make sure that existing policyowners are given the opportunity to acquire them at an appropriate premium, whenever possible and practical. This is an important consideration when purchasing a product that may not be needed for 20, 30, or 40 years.

A HISTORY OF VALUE

1998

QuietCare® was first introduced by Northwestern Long Term Care Insurance Company.

2002

All policies, including in-force policies, were made participating. This enhancement offered the opportunity for policyowners to receive a reduction in premium through policy dividends if the product experience proves more favorable than pricing expectations.

The Alternate Living Facility benefit was increased to 100% of the nursing home daily limit, and the Caregiver Training Benefit was added. Both of these features were made available to existing policyowners through the Benefit Upgrade Program offer.

2003

The Automatic Additional Purchase Benefit (AAPB) amendment was enhanced and automatically extended to existing policyowners.

2005

Policies were enhanced to include: eliminating the mental health exclusion, allowing benefits for care received in Canada, and increasing the Bed Reservation Benefit and Respite Care Benefit.

2006

Northwestern declared its first dividend.

2008

Policies were enhanced to include: adding a weekly elimination period, hospice care, formalization of claim assistance services, and an improved waiver of premium.

Neither the existence nor the amount of a dividend is guaranteed in any given year. Decisions with respect to the determination and allocation of divisible surplus are left to the discretion and sound business judgment of the Board of Directors. There is no guaranteed specific method or formula for the determination and allocation of divisible surplus.

²⁴ Northwestern Long Term Care Insurance Company's approach is subject to change. Any dividend paid will be used to reduce future premiums, or if not so used because the policy is in a non-premium paying status, will be accumulated as a premium refund which may not exceed the aggregate premiums paid. The cumulative premium refund will be paid to the insured at the earlier of cancellation or termination of the policy or death of the insured.

EXCLUSIONS AND LIMITATIONS

QuietCare® does NOT pay long-term care benefits for care that is:

- Provided for a need for long-term care primarily due to alcoholism or drug addiction.²⁵ This does not apply to medications taken as prescribed by a physician.
- Received outside of the 50 United States, the District of Columbia or the country of Canada.
- Provided by an immediate family member, unless the family member provides such care as an employee of a qualified home health-care agency.
- Reimbursable under any federal, state, or governmental health care plan or law except Medicaid, unless required by law. The contract cannot reimburse expenses that are reimbursable or would be reimbursable except for the application of a deductible or coinsurance amount, under Medicare.

For determining the benefit payable, the insured's expenses will be reduced by the expenses subject to this limitation. However, the days of qualifying expenses paid for by a governmental health care plan or law may be accumulated to satisfy the Elimination Period.

- Normally provided at no charge in the absence of insurance.

After issue, no exclusion will be made for pre-existing conditions.²⁶ This is a general list of exclusions. However, state variations may apply.

This brochure is not all-inclusive. The policy provides a complete list of benefits, limitations and exclusions.

QuietCare® is an individual tax-qualified long-term care insurance policy that is medically underwritten. This material is produced for the marketing and solicitation of insurance. You may be contacted by a financial representative (a licensed insurance agent/producer).

²⁵ In Colorado, Maryland and Vermont this exclusion does not apply. Also, it is referred to as "Alcoholism or Drug Detoxification" in Massachusetts. In Louisiana, the exclusion is for care that is provided for a need for long-term care for alcoholism or drug addiction.

²⁶ A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within six months preceding the effective date of coverage.

For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your licensed insurance agent/producer or write to the company.

Your state's insurance department may have additional information, including a buyer's guide, explaining long-term care insurance.

Northwestern Long Term Care Insurance Company is a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

www.northwesternmutual.com

Policy forms TT.LTC. (1010) and TT.LTC.ML. (1010).

Form TT.LTC.ML. (1010) is available only in New Jersey, New York, Ohio and Pennsylvania.

90-2483 LTC (0113)

 **Northwestern Long Term Care
Insurance Company™**

A Northwestern Mutual Company

State: Arkansas Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 90-2484 LTC (0113)
 Project Name/Number: 90-2484 LTC (0113)/90-2484 LTC (0113)

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability	Approved	09/28/2012
Comments:			
Attachment(s):			
1 SOV 90-2484 LTC (0113).pdf			
1 SOV 90-2483 LTC (0113).pdf			

Statement of Variability

For LTC Advertising Form 90-2484 LTC (0113)

Bracketed Item	Reference	Explanation of Variability
Benefit Period Options- page 1	1	The Benefit period may be changed depending on experience and interest rates through the end of the year
Benefit Account Value – mention of Lifetime Benefit Period- page 2	2	The Benefit period may be changed depending on experience and interest rates through the end of the year
Premium Payment options – page 5 to 6	3	Limited Payment Plans may change depending on experience and interest rates through the end of the year
Discounts: Spousal, Companion and MultiLife – page 6 to 7	4	Discount amounts may change depending on experience and interest rates through the end of the year

Statement of Variability

For LTC Advertising Form 90-2483 LTC (0113)

Bracketed Item	Reference	Explanation of Variability
Medicare Part A numbers and dates – page 2	1	Medicare Part A numbers change each year
Private Pay- page 3	2	The Private Pay information is based on a survey that is periodically updated and will be changed to reflect new projections.
Claims Information- page 4	3	The Claims information is updated periodically based on company experience.
Benefit Period – page 7	4	The Benefit period may be changed depending on experience and interest rates through the end of the year
Limited Payment Plan language – page 12	3	Limited Payment Plans may change depending on experience and interest rates through the end of the year
Discounts: Spousal, Companion and MultiLife – page 12	4	Discount amounts may change depending on experience and interest rates through the end of the year
Company ratings – page 14	5	Ratings may change depending on third party findings