

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance
Project Name/Number: CCII - Benefit Builder - GD/CC III - Benefit Builder - GD

Filing at a Glance

Company: John Hancock Life Insurance Company (USA)
 Product Name: Individual Long-Term Care Insurance
 State: Arkansas
 TOI: LTC03I Individual Long Term Care
 Sub-TOI: LTC03I.001 Qualified
 Filing Type: Form/Rate
 Date Submitted: 11/14/2012
 SERFF Tr Num: MULF-128769032
 SERFF Status: Closed-Withdrawn
 State Tr Num:
 State Status: Withdrawn
 Co Tr Num: CUSTOM CARE III FEATURING BENEFIT BUILDER - GD
 Implementation: On Approval
 Date Requested:
 Author(s): Michelle Fluet, Carol Folsom, Pat Hamlett, Marie Roche, Joanne Witham
 Reviewer(s): Stephanie Fowler (primary)
 Disposition Date: 01/16/2013
 Disposition Status: Withdrawn
 Implementation Date:
 State Filing Description:

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General Information

Project Name: CCII - Benefit Builder - GD Status of Filing in Domicile: Pending
Project Number: CC III - Benefit Builder - GD Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Michigan is our domicile state and is part of the IIPRC. This filing currently pending with the IIPRC.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/16/2013
State Status Changed: 01/16/2013
Deemer Date: Created By: Pat Hamlett
Submitted By: Pat Hamlett Corresponding Filing Tracking Number:

Filing Description:
Commissioner Jay Bradford
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: John Hancock Life Insurance Company (U.S.A.)
Company NAIC # 65838, FEIN # 01-0233346
Individual Long-Term Care Insurance Submission
Revised Actuarial Memo for Policy Form LTC-11 AR
Revised Applications, Outline of Coverage and Policy Endorsement

Dear Commissioner,

We enclose the above referenced actuarial memo and related forms for your review and approval. This memo, new rate schedules and forms will replace any previously approved by your department. These updates are associated with our Custom Care III featuring Benefit Builder policy form LTC-11 AR approved by your department on February 23, 2011, SERFF # MULF-126977796, state tracking # 47667 and the addition of Benefit Builder on approved on June 27, 2012, SERFF# MULF-128202460

Rates

We are submitting gender specific rates for our current long-term care product, Custom Care III (CCIII) featuring Benefit Builder, to reflect the differences in our morbidity, mortality, and lapse experience between males and females. The benefit design, product and rider features remain the same as those included in the previous CCIII with Benefit Builder filed with and approved by your department. Once approved, these rates will be applied prospectively to all new policies issued on and after the implementation date for such rates.

Subject to your approval, the new gender specific premium rates will be applied on a prospective basis upon an implementation date to be determined based on administrative readiness. It is important to note that no rate change will be imposed on existing policyholders.

Revised Forms

We are also submitting revised application and outline of coverage to be used when we launch the new rates. We will continue to use the previously approved policy form LTC-11 AR and affiliated riders, endorsements and required forms

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with these new rates and forms. Provided for your convenience a forms list is attached (Appendix A).

In addition we are submitting an endorsement (LTC-MAS 11/12) to revise the Misstatement of Age clause to Misstatement of Age or Sex, in the approved policy form LTC-11 AR.

The following items are included in this submission:

- * the submission letter.
* all actuarial material.
* all required certifications.

Thank you for your time and consideration in this matter.

Appendix A

Submitted Forms List

Form Name Form Number
Application -CCIII featuring Benefit Builder LTC-APP12 AR 11/12
Application - MGSII CCIII featuring Benefit Builder LTC-MGSII12 AR 11/12
Outline of Coverage - CCIII featuring Benefit Builder OCLTC11 AR 11/12
Endorsement Misstatement of Age or Sex LTC-MAS 11/12
Previously Approved Forms List

Form Name Form Number
Policy Form LTC-11 AR
LTC-11 AR Associated Riders/Endorsements
Waiver of EP for Hospice Care Endorsement LTC-HOSP 7/12
Benefit Builder with Buy-up Option LTC-BLD/GIO
CPI Compound Inflation Coverage LTC-CPI/GIO 4/11
CPI Compound Inflation Coverage through Age 75 LTC-CPI75GIO4/11
5% Compound Inflation Coverage LTC-5COMP 4/11
3% Compound Inflation Coverage LTC-3COMP 4/11
Shared Care Rider LTC-SHC 4/11
Waiver of the Home Health Care Elimination Period LTC-WEP 7/12
Survivorship & Waiver of Premium Benefit LTC-SURV 4/11
Additional Cash Benefit LTC-ACB 4/11
Nonforfeiture Benefit Option LTC-NONF 7/12
Contingent Nonforfeiture LTC-CNF4/11
Double Coverage for Accident Benefit Endorsement LTC-DAB 4/11
NEA Endorsement LTC-NEA
Administrative Forms
Reinstatement Application LTC-REI11 AR
Reconsideration Application - U/W only LTC-INC12 AR
Advance Payment Receipt LTC-CR11 6/11
Administrative Change Form LTC-LTC-1064
Suitability Worksheet (Agent) LTC-PWK 4/11

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Suitability Worksheet (Direct) LTC-PWKDM 4/11
 Suitability Information Sheet LTC-SUIT 4/11
 Potential Rate Increase Disclosure Form LTC-RII AR 4/11
 Replacement Notice (Agent) LTC-15-11
 Replacement Notice (Direct) LTC-15-11DM
 HIPAA Medical Authorization LTC-MED11

Company and Contact

Filing Contact Information

Pat Hamlett, Contract Consultant phamlett@jhancock.com
 200 Berkeley Street 617-572-0114 [Phone]
 Boston, MA 02117

Filing Company Information

John Hancock Life Insurance Company (USA)	CoCode: 65838	State of Domicile: Michigan
200 Berkeley Street	Group Code: 904	Company Type:
Boston, MA 02176	Group Name:	State ID Number:
(617) 572-6000 ext. [Phone]	FEIN Number: 01-0233346	

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form for rates - 2 forms submitted = \$100.00, \$50.00 per form - 4 forms submitted = \$200.00.
 Per Company: No

Company	Amount	Date Processed	Transaction #
John Hancock Life Insurance Company (USA)	\$300.00	11/14/2012	64888033

SERFF Tracking #: MULF-128769032 **State Tracking #:** **Company Tracking #:** CUSTOM CARE III FEATURING BENEFIT BUILDE...

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Stephanie Fowler	01/16/2013	01/16/2013

SERFF Tracking #:

MULF-128769032

State Tracking #:

Company Tracking #:

CUSTOM CARE III FEATURING BENEFIT
BUILDE...

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Disposition

Disposition Date: 01/16/2013

Implementation Date:

Status: Withdrawn

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):
John Hancock Life Insurance Company (USA)	%	%				%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	No
Supporting Document	Statement of Variability	Approved-Closed	No
Form (revised)	Application	Approved-Closed	No
Form	Application	Replaced	No
Form (revised)	Application	Approved-Closed	No
Form	Application	Replaced	No
Form	Outline of Coverage	Approved-Closed	No
Form	Endorsement	Approved-Closed	No

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Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Actuarial Memorandum and Tables	Approved-Closed	No