

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: 2012 GLTC INFORCE FORM/RATE FILING
Project Name/Number: 2012 GLTC INFORCE RATE FILING/

Filing at a Glance

Company: John Hancock Life Insurance Company (USA)
Product Name: 2012 GLTC INFORCE FORM/RATE FILING
State: Arkansas
TOI: LTC03G Group Long Term Care
Sub-TOI: LTC03G.001 Qualified
Filing Type: Form/Rate
Date Submitted: 12/13/2012
SERFF Tr Num: MULF-128811481
SERFF Status: Closed-Disapproved
State Tr Num:
State Status: Disapproved-Closed
Co Tr Num: 2012 GLTC INFORCE FORM/RATE FILING

Implementation: On Approval
Date Requested:
Author(s): Noah Rice
Reviewer(s): Donna Lambert (primary)
Disposition Date: 01/15/2013
Disposition Status: Disapproved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: 2012 GLTC INFORCE FORM/RATE FILING
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General Information

Project Name: 2012 GLTC INFORCE RATE FILING	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: Resubmission	Previous Filing Number: MULF-126946505
Group Market Size: Small	Group Market Type: Employer
Overall Rate Impact: 44.8%	Filing Status Changed: 01/15/2013
	State Status Changed: 01/15/2013
Deemer Date:	Created By: Noah Rice
Submitted By: Noah Rice	Corresponding Filing Tracking Number:

Filing Description:

We have completed our most extensive claims study to date and unfortunately we have concluded that, in order to ensure our ability to meet the needs of our policyholders in the long term, we need to request an inforce premium rate increase that will apply to inforce and prospective certificateholders.

Our study found that the incidence and severity of claims were much higher than what we assumed in the pricing of these policy forms, reinforcing the value of the product to policyholders, but creating a pricing issue.

We are requesting acceptance of a premium rate increase on the policies and policy series listed in our cover letter and are enclosing updated actuarial memos, rates and associated forms for your review and approval.

Company and Contact

Filing Contact Information

Noah Rice, Sr. Contract Consultant	nrice@jhancock.com
200 Berkeley Street	617-572-4027 [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:	\$250.00
Retaliatory?	Yes
Fee Explanation:	\$50 per form + \$50 for rates = \$250.
Per Company:	No

SERFF Tracking #: MULF-128811481 State Tracking #:

Company Tracking #: 2012 GLTC INFORCE
FORM/RATE FILING

State: Arkansas Filing Company: John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: 2012 GLTC INFORCE FORM/RATE FILING
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Company	Amount	Date Processed	Transaction #
John Hancock Life Insurance Company (USA)	\$250.00	12/13/2012	65727209

SERFF Tracking #:

MULF-128811481

State Tracking #:**Company Tracking #:**2012 GLTC INFORCE FORM/RATE
FILING**State:**

Arkansas

Filing Company:

John Hancock Life Insurance Company (USA)

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

2012 GLTC INFORCE FORM/RATE FILING

Project Name/Number:

2012 GLTC INFORCE RATE FILING/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Donna Lambert	01/15/2013	01/15/2013
Approved	Donna Lambert	01/15/2013	01/15/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	01/02/2013	01/02/2013
Pending Industry Response	Donna Lambert	01/02/2013	01/02/2013

Response Letters

Responded By	Created On	Date Submitted
Noah Rice	01/15/2013	01/15/2013
Noah Rice	01/15/2013	01/15/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Approval Sent in Error	Note To Filer	Donna Lambert	01/15/2013	01/15/2013

State:	Arkansas	Filing Company:	John Hancock Life Insurance Company (USA)
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	2012 GLTC INFORCE FORM/RATE FILING		
Project Name/Number:	2012 GLTC INFORCE RATE FILING/		

Disposition

Disposition Date: 01/15/2013

Implementation Date:

Status: Disapproved

Comment: Since the entire filing is disapproved due to the rate increase request, the forms contained within are also disapproved. If you wish to have the forms approved for use, please refile them in a separate form filing.

It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively low-income state, and most of the consumers who would be affected by your proposed rate increase would suffer an undue hardship given the low loss ratio history demonstrated in this filing (indicating that your company has enjoyed healthy profits on this block of business in the past). Therefore, we cannot approve a rate increase at this time.

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)	44.800%	44.800%	\$27,407	54	\$61,176	100.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Disapproved	Yes
Supporting Document	Application	Disapproved	Yes
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Outline of Coverage	Disapproved	Yes
Supporting Document	Cover Letter	Disapproved	Yes
Supporting Document	AR 1-15 response	Disapproved	Yes
Form	Policy Amendment Form	Disapproved	Yes
Form	Certificate Amendment Form	Disapproved	Yes

SERFF Tracking #: MULF-128811481 **State Tracking #:** **Company Tracking #:** 2012 GLTC INFORCE FORM/RATE FILING

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
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Product Name: 2012 GLTC INFORCE FORM/RATE FILING
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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Coverage Change Request Form	Disapproved	Yes
Form	Personal Worksheet	Disapproved	Yes
Rate	Rate Table	Disapproved	Yes

SERFF Tracking #:

MULF-128811481

State Tracking #:

Company Tracking #:

2012 GLTC INFORCE FORM/RATE
FILING

State: Arkansas

Filing Company:

John Hancock Life Insurance Company (USA)

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

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Disposition

Disposition Date: 01/15/2013

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):
John Hancock Life Insurance Company (USA)	44.800%	44.800%	\$27,407	54	\$61,176	100.000%	0.000%

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Supporting Document	Flesch Certification	Disapproved	Yes
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Supporting Document	Outline of Coverage	Disapproved	Yes
Supporting Document	Cover Letter	Disapproved	Yes
Supporting Document	AR 1-15 response	Disapproved	Yes
Form	Policy Amendment Form	Disapproved	Yes
Form	Certificate Amendment Form	Disapproved	Yes
Form	Coverage Change Request Form	Disapproved	Yes
Form	Personal Worksheet	Disapproved	Yes
Rate	Rate Table	Disapproved	Yes

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/02/2013
Submitted Date 01/02/2013
Respond By Date 02/04/2013

Dear Noah Rice,

Introduction:

Objection 1

- Coverage Change Request Form, GLTC-CCRF 12/10 (Form)

Comments: Section 2. Please provide the phone number the insured should call. (I only saw the fax number at the top of the form.)

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 **Filing Company:** John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: 2012 GLTC INFORCE FORM/RATE FILING
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/02/2013
Submitted Date	01/02/2013
Respond By Date	02/04/2013

Dear Noah Rice,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comments: Please provide the number of nationwide insureds and the historical experience for Arkansas, unless I have overlooked this information. Thank you.

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

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/15/2013
Submitted Date 01/15/2013

Dear Donna Lambert,

Introduction:

Response 1

Comments:

In the kit that is sent to insureds that includes the form GLTC-CCRF 12/10, there is a certholder notification letter with a phone number and additional contact information included. There is a fax number and mailing address included on the form GLTC-CCRF 12/10 for purposes of sending the form only.

Thank you for your continued review of this filing.

Sincerely,
Noah Rice

Related Objection 1

Applies To:

- Coverage Change Request Form, GLTC-CCRF 12/10 (Form)

Comments: Section 2. Please provide the phone number the insured should call. (I only saw the fax number at the top of the form.)

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Rice

State: Arkansas Filing Company: John Hancock Life Insurance Company (USA)
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: 2012 GLTC INFORCE FORM/RATE FILING
Project Name/Number: 2012 GLTC INFORCE RATE FILING/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/15/2013
Submitted Date 01/15/2013

Dear Donna Lambert,

Introduction:

Response 1

Comments:

We have included the requested information under Supporting Documentation tab.

Thank you for your continued review of this filing.

Sincerely,
Noah Rice

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments: Please provide the number of nationwide insureds and the historical experience for Arkansas, unless I have overlooked this information. Thank you.

Changed Items:

Table with 2 columns: Satisfied - Item, Comments. Row 1: AR 1-15 response. Row 2: 2013.1.2 response.pdf

No Form Schedule items changed.
No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Noah Rice

State: Arkansas **Filing Company:** John Hancock Life Insurance Company (USA)
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Note To Filer

Created By:

Donna Lambert on 01/15/2013 11:50 AM

Last Edited By:

Donna Lambert

Submitted On:

01/15/2013 11:51 AM

Subject:

Approval Sent in Error

Comments:

The forms are approved, but the rate increase section of the filing is still under review. We will make a determination as soon as possible.

SERFF Tracking #:

MULF-128811481

State Tracking #:

Company Tracking #:

2012 GLTC INFORCE FORM/RATE
FILING

State:

Arkansas

Filing Company:

John Hancock Life Insurance Company (USA)

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

2012 GLTC INFORCE FORM/RATE FILING

Project Name/Number:

2012 GLTC INFORCE RATE FILING/

Form Schedule

Lead Form Number: P-AMD(2002-10)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Disapproved 01/15/2013	Policy Amendment Form	P-AMD(2002-10)	POLA	Initial		0.000	P-AMD(2002-10).pdf
2	Disapproved 01/15/2013	Certificate Amendment Form	C-NOTICE(2002-10)	CERA	Initial		0.000	C-NOTICE_2002-10_final.pdf
3	Disapproved 01/15/2013	Coverage Change Request Form	GLTC-CCRF 12/10	CERA	Initial		0.000	GLTC-CCRF 12-10.pdf
4	Disapproved 01/15/2013	Personal Worksheet	GLTC-SUIT(2011)	OTH	Initial		0.000	GLTC-SUIT(2011).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

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

**(John Hancock)
Boston, Massachusetts 02117**

Amendment No. {1}

Group Policy Number: *-(12345-LTC)*

Policyholder: *{ABC Company}*

Effective Date of Revision: *{mm/dd/yyyy}*

It is hereby understood and agreed upon that the above group policy or policies issued by the John Hancock Life Insurance Company (U.S.A.) shall be amended as follows:

John Hancock may make available to Insured Persons, subject to terms and conditions it may apply, any of the following coverage reductions to allow Insured Persons to reduce the impact of a premium rate increase that otherwise would apply to their insurance certificate:

[A decrease to the [Nursing Home Daily Maximum Benefit to an amount that is in a \$5 increment] [and/or] [Lifetime Maximum Benefit] . Any such reduction is subject to minimum state requirements, if applicable.]

[A decrease to the annual compound percentage increase set forth in the Revised Automatic Benefit Increase provision, if applicable, with the applicable percentage determined based on the Lifetime Maximum Benefit.

The attached Notice, form C-NOTICE(2002-10) will be added to the insured's certificate if elected.]

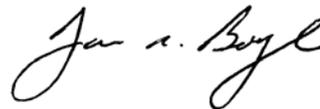
The attached Schedules of Premium Charges will replace those currently in the policy.

This amendment is hereby incorporated into and made a part of the said group policy or policies.

John Hancock Life Insurance Company (U.S.A.)



Secretary



President

**{ABC Company,
Inc.}**

Accepted by: _____

Title: _____

Date: _____

**TO BE ATTACHED TO AND MADE A PART OF
YOUR CERTIFICATE OF INSURANCE**

**NOTICE TO {ALL PERSONS} insured under
Group Policy No. {12345-LTC} (the Policy)**

issued by

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
(John Hancock)**

to

{ABC Company, Inc.}

Your certificate of insurance is amended as follows. Such amendment will apply to You on:
{mm/dd/yyyy}

You have chosen to reduce Your coverage as follows, in order to minimize the impact of a premium rate increase that otherwise would apply to your insurance certificate:

[A decrease to the [Nursing Home Daily Maximum Benefit to an amount that is in a \$5 increment] [and/or] [Lifetime Maximum Benefit] . Any such reduction is subject to minimum state requirements, if applicable. The change in Your coverage is reflected on Your attached, personalized Schedule of Benefits.]

[The Automatic Benefit Increase provision of Your certificate is amended in accordance with the Revised Inflation Adjustment Provision described below.

REVISED INFLATION ADJUSTMENT PROVISION: - {3.2/2.3}% AUTOMATIC BENEFIT INCREASE

[This provision replaces any prior inflation adjustment provision that was previously part of Your coverage. Any inflation increases that were applied to Your coverage up to the effective date of this provision will still be retained.

You are now covered for the {2.3/3.2}% Revised Automatic Benefit Increase because You elected to reduce Your inflation percentage amount. This provision becomes effective on: {mm/dd/yyyy}. The change in Your coverage includes this benefit, then the Future Purchase Option provision will not apply to you. The change in Your Automatic Benefit Increase is reflected on Your attached, personalized Schedule of Benefits.]

{2.3/3.2}%
Annual
Increase

We will automatically increase Your Nursing Home Daily Maximum Benefit on each {anniversary of the Policy Effective Date beginning with the first anniversary which follows the effective date of this provision.} The increase will be computed at the rate of {2.3%/3.2%} compounded annually. {[If the effective date of this provision is not an anniversary date of the Policy Effective Date, We will prorate the first inflation adjustment after the effective date of this Revised Inflation Adjustment Provision, by applying the prior 5% annual inflation adjustment until the effective date of this provision, and this revised {2.3/3.2}% annual inflation adjustment from the effective date of this provision until the next anniversary of the Policy Effective Date.}]

Each of the other Daily Maximum Benefits will be determined based on the same percentage of the Nursing Home Daily Maximum Benefit used to determine the initial coverage amounts. The Stay At Home Benefit Amount and the Calendar Year Maximum for Informal Care will be recalculated using the applicable factor shown on Your Schedule of Benefits.

Your Lifetime Maximum Benefit will also be increased on each {anniversary of the Policy Effective Date}. The adjusted Lifetime Maximum Benefit will be determined by multiplying the adjusted Nursing Home Daily Maximum Benefit by the Maximum Benefit Factor shown in Your Schedule of Benefits.

- [No increases in Your Daily Maximum Benefits will occur on or after the date Your insurance is continued in effect on a reduced paid-up basis under a {Nonforfeiture Benefit}.]]

Except as stated in this amendment, nothing contained herein shall alter or affect any of the provisions of Your certificate of insurance.

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

**John Hancock Life Insurance Company (U.S.A.)
Coverage Change Request Form**

[Name:

Unique Identifier {ABC}:

Group Policyholder: {ABC Company}

Policy # {12345-LTC}, Group # {123}

INSTRUCTIONS

MAILING ADDRESS

FAX

Step 1: Select an option (check appropriate box) Step 2: Review the Agreement and Acknowledgement Step 3: Sign and date this form Step 4: Return this form by [mm/dd/yyyy]	John Hancock LTC Policyholder Services [1 John Hancock Way, Ste 1700 Boston, MA 02217-1700]	John Hancock LTC Policyholder Services [617-572-6010]
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SECTION 1: Coverage Change Option(s) – Please choose only one option

Please Note: [This/These] coverage change option(s) [is/are] designed to help minimize the impact of the premium rate increase. In some instances, changes are subject to state regulatory benefit minimum requirements. If you choose to keep your current coverage and accept the premium increase, there is no further action required and your premium increase will be effective on {mm/dd/yyyy}.

Reduce your future compound inflation rate from {x % } to {y%}.

Reduce your [Maximum Daily Amount/Daily Maximum Benefit/Daily Benefit] from \${XXX} to \${YYY}.

Reduce your [Lifetime Maximum Benefit /Certificate Limit] from {X-year} to {Y-year}.

Reduce your [Maximum Daily Amount/Daily Maximum Benefit/Daily Benefit] from \${XXX} to \${YYY} and reduce your [Lifetime Maximum Benefit /Certificate Limit] from {X-year} to {Y-year}.

Exercise the Nonforfeiture Benefit.]

Exercise the Contingent Nonforfeiture Benefit.]

Cancel your coverage. This change will be effective on the last day of the month in which John Hancock receives this form.

SECTION 2: Other Options – Please call before choosing any of the options below

Drop optional benefit features _____ (i.e. Shared Care)].

SECTION 3: Agreement and Acknowledgement – Please sign and date below

I understand that my benefits and/or premium for those benefits will change based upon the option(s) I select.

I understand that premium rates are not guaranteed and may be increased again in the future if I am among the group of insureds whose premiums are determined to be inadequate.

If I select an option(s) to change my coverage, I understand that, within 30 days of the date this change becomes effective, I may cancel the change in my coverage and return to my original coverage at the increased premium level.

I understand the coverage change(s) I selected above. By signing below, I agree that any change(s) other than cancelling my coverage will be effective on {mm/dd/yyyy}, provided John Hancock receives this form by the date specified below.

Signature

Date

Please return this form using the enclosed postage-paid envelope by: [MM/DD/YYYY]



John Hancock Life Insurance Company (U.S.A.)
Boston, MA 02117

Long Term Care Insurance Suitability Form (Personal Worksheet)

NOTE: (All applicants must fill out this form. Employees and spouses may omit the Disclosure Statement section.)

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

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

Premium Information:

The premium for the coverage you are considering will be determined from the premium rate schedules contained in your enrollment material, based on the options selected and your issue age.

Type of Coverage: Guaranteed Renewable

The Company's Right to Increase Premiums:

John Hancock Life Insurance Company (U.S.A.) has the right to increase premiums in the future, provided it raises rates for all certificates in the same class in this state.

Rate Increase History:

John Hancock has sold group long term care insurance since 1988 and within the last 10 years we have raised rates on the following policy series:

John Hancock Policy Series	Years Policy Available for Sale	Percentage Of Increase	Year of Increase
IBM – one case filing	1990	[5-36%]	[2011]
1997 plans with Automatic Benefit Increase.	1998-2000	[0-32%]	[2011]
1997 plans, with Future Purchase Option and a benefit period of 10 years or greater.	1998-2000	[0-11%]	
P-FACE(2002-2), et al	2002-2009	[0-100%]	[2011]
P-FACE(2004), et al.	2005-2009	[0 - 24%]	[2011]
Federal Long Term Care Insurance Program (FLTCIP)	2002- 2009	0% - 25%	2010

Questions Related to Your Income

1. How will you pay each year's premiums? (check one)
- a. From my income b. From my savings/investments c. My family will pay

Have you considered whether you could afford to keep this coverage if the premiums were raised, for example, by 20%, 50% or more?



2. What is your annual income? (check one)
 a. Under \$10,000 b. \$10-19,999 c. \$20-29,999 d. \$30-49,999 e. \$50,000 or more
3. How do you expect your income to change over the next 10 years? (check one)
 a. No change b. Increase c. Decrease
- If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.*
4. Will you buy inflation protection? (check one) Yes No
 If not, have you considered how you will pay for the difference between future cost and your daily benefit amount?
 a. From my income b. From my savings/investments c. My family will pay
- The national average annual cost of care in [2009] was [\$74,806], but this figure varies across the country. In ten years the national annual cost would be about [\$121,851] if costs increase 5% annually.*
5. What qualification or elimination period are you considering? (Refer to enrollment materials)
 Number of days _____. Approximate cost of your care \$ _____ for that period.
6. How are you planning to pay for your care during the qualification or elimination period? (check one)
 a. From my income b. From my savings/investments c. My family will pay

Questions Related to Your Savings and Investments

7. Not counting your home, what is the approximate value of all of your assets (savings and investments)? (check one)
 a. Under \$20,000 b. \$20,000-\$29,999 c. \$30,000-\$49,999 d. \$50,000 or more
8. How do you expect your assets to change over the next ten years? (check one)
 a. Stay about the same b. Increase c. Decrease

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

Disclosure Statement

<p><u>(Check One)</u></p> <p><input type="checkbox"/> The information provided accurately describes my financial situation.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I choose not to complete this information.</p>	<p><input type="checkbox"/> <u>(This box must be checked)</u> I acknowledge that I have reviewed this form including the premium, premium rate history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this coverage may increase in the future.</p>
--	--

Signature: _____

Date: _____

Please Print Name: _____

Note: In order for us to process your application, please return this signed statement to John Hancock, along with your application. The company may contact you to verify your answers. (As noted, employees and spouses need not sign or return this statement.)

SERFF Tracking #:

MULF-128811481

State Tracking #:

Company Tracking #:

2012 GLTC INFORCE FORM/RATE
FILING

State:

Arkansas

Filing Company:

John Hancock Life Insurance Company (USA)

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

2012 GLTC INFORCE FORM/RATE FILING

Project Name/Number:

2012 GLTC INFORCE RATE FILING/

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

0.000%

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):
John Hancock Life Insurance Company (USA)	44.800%	44.800%	\$27,407	54	\$61,176	100.000%	0.000%

State: Arkansas Filing Company: John Hancock Life Insurance Company (USA)
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: 2012 GLTC INFORCE FORM/RATE FILING
 Project Name/Number: 2012 GLTC INFORCE RATE FILING/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information		Attachments
1	Disapproved 01/15/2013	Rate Table	P-FACE(2002-2), et al.	Revised	Previous State Filing Number:		P-FACE (2002-2) Rates.pdf
					Percent Rate Change Request:		

Appendix B
John Hancock Life Insurance Company
P-FACE (2002-2)

Rates per \$5 of Monthly Benefit - 90 Day Elimination Period
75% HHC benefit

Issue Age	Future Purchase Option Benefit Period							ABI Option: (5% Compound Inflation) Benefit Period						
	2	3	4	5	6	10	Life	2	3	4	5	6	10	Life
18-29	0.38	0.46	0.51	0.54	0.56	0.78	0.87	2.27	2.50	2.66	2.77	2.91	3.69	3.94
30	0.38	0.46	0.51	0.54	0.56	0.78	0.87	2.27	2.50	2.66	2.77	2.91	3.69	3.94
31	0.40	0.48	0.53	0.56	0.58	0.81	0.90	2.34	2.58	2.76	2.88	3.02	3.82	4.09
32	0.41	0.50	0.55	0.58	0.61	0.84	0.94	2.42	2.67	2.86	2.99	3.13	3.97	4.24
33	0.43	0.51	0.57	0.60	0.63	0.87	0.97	2.49	2.77	2.97	3.10	3.25	4.12	4.40
34	0.44	0.53	0.59	0.62	0.65	0.91	1.01	2.57	2.87	3.07	3.21	3.37	4.27	4.56
35	0.46	0.55	0.61	0.64	0.68	0.94	1.04	2.65	2.97	3.19	3.33	3.49	4.43	4.74
36	0.47	0.57	0.63	0.67	0.70	0.97	1.08	2.73	3.07	3.30	3.46	3.63	4.60	4.91
37	0.49	0.60	0.66	0.69	0.73	1.01	1.12	2.82	3.18	3.43	3.59	3.76	4.77	5.10
38	0.51	0.62	0.68	0.72	0.75	1.05	1.16	2.90	3.29	3.55	3.72	3.90	4.95	5.29
39	0.53	0.64	0.71	0.74	0.78	1.09	1.21	2.99	3.41	3.68	3.86	4.05	5.14	5.49
40	0.55	0.66	0.73	0.77	0.81	1.13	1.25	3.09	3.53	3.82	4.01	4.20	5.33	5.69
41	0.58	0.70	0.78	0.82	0.86	1.19	1.32	3.14	3.62	3.93	4.13	4.33	5.49	5.87
42	0.61	0.74	0.82	0.87	0.91	1.26	1.40	3.19	3.71	4.04	4.26	4.46	5.66	6.05
43	0.65	0.79	0.87	0.92	0.96	1.34	1.49	3.25	3.81	4.16	4.39	4.60	5.83	6.23
44	0.69	0.84	0.92	0.97	1.02	1.42	1.57	3.30	3.91	4.28	4.52	4.74	6.01	6.42
45	0.73	0.88	0.98	1.03	1.08	1.50	1.67	3.36	4.01	4.40	4.66	4.89	6.20	6.62
46	0.78	0.94	1.04	1.10	1.15	1.60	1.77	3.49	4.16	4.57	4.85	5.08	6.44	6.88
47	0.83	1.00	1.11	1.17	1.22	1.70	1.89	3.63	4.31	4.75	5.04	5.28	6.70	7.16
48	0.88	1.07	1.18	1.24	1.30	1.81	2.01	3.77	4.47	4.93	5.24	5.49	6.96	7.44
49	0.94	1.14	1.26	1.32	1.39	1.93	2.14	3.92	4.64	5.12	5.45	5.71	7.24	7.73
50	1.00	1.21	1.34	1.41	1.48	2.05	2.28	4.08	4.81	5.32	5.66	5.93	7.53	8.04
51	1.07	1.29	1.43	1.50	1.58	2.20	2.44	4.25	5.04	5.58	5.94	6.22	7.89	8.43
52	1.14	1.38	1.53	1.61	1.69	2.35	2.61	4.43	5.27	5.84	6.23	6.53	8.28	8.84
53	1.22	1.48	1.64	1.72	1.81	2.51	2.79	4.62	5.51	6.12	6.53	6.85	8.68	9.28
54	1.31	1.58	1.75	1.84	1.93	2.69	2.98	4.82	5.77	6.42	6.85	7.18	9.11	9.73
55	1.40	1.69	1.87	1.97	2.07	2.88	3.19	5.03	6.03	6.72	7.18	7.53	9.55	10.20
56	1.50	1.82	2.01	2.12	2.22	3.09	3.43	5.39	6.47	7.22	7.72	8.09	10.26	10.96
57	1.62	1.96	2.16	2.28	2.39	3.32	3.69	5.77	6.93	7.75	8.18	8.42	11.02	11.77
58	1.74	2.10	2.32	2.45	2.57	3.57	3.96	6.12	7.42	8.20	8.47	8.72	11.84	12.65
59	1.87	2.26	2.50	2.63	2.76	3.84	4.26	6.34	7.68	8.48	8.76	9.03	12.31	13.52
60	2.01	2.43	2.68	2.82	2.97	4.12	4.58	6.56	7.95	8.78	9.07	9.34	12.74	13.99
61	2.18	2.64	2.92	3.07	3.22	4.48	4.98	6.84	8.28	9.15	9.45	9.73	13.27	14.58
62	2.37	2.87	3.17	3.34	3.51	4.88	5.41	7.12	8.63	9.53	9.84	10.14	13.83	15.19
63	2.58	3.12	3.45	3.63	3.81	5.30	5.88	7.42	8.99	9.93	10.26	10.56	14.40	15.82
64	2.80	3.39	3.75	3.95	4.14	5.76	6.39	7.73	9.36	10.34	10.69	11.01	15.01	16.38
65	3.05	3.69	4.08	4.29	4.51	6.27	6.95	8.05	9.76	10.78	11.13	11.47	15.63	16.83
66	3.32	4.02	4.44	4.68	4.91	6.83	7.58	8.42	10.20	11.27	11.64	11.99	16.35	17.50
67	3.62	4.38	4.84	5.10	5.35	7.44	8.26	8.80	10.66	11.78	12.17	12.53	17.03	18.19
68	3.94	4.78	5.28	5.56	5.83	8.11	9.00	9.20	11.15	12.31	12.72	13.10	17.68	18.89
69	4.30	5.21	5.75	6.05	6.36	8.84	9.81	9.62	11.65	12.87	13.30	13.70	18.34	19.59
70	4.69	5.68	6.27	6.60	6.93	9.63	10.69	10.06	12.18	13.46	13.90	14.32	19.00	20.30
71	5.26	6.37	7.04	7.41	7.78	10.82	12.00	10.81	13.17	14.55	15.03	15.48	19.90	21.26
72	5.90	7.15	7.90	8.32	8.73	11.99	12.81	11.24	14.23	15.72	16.24	16.73	20.81	22.24
73	6.63	8.03	8.87	9.34	9.80	12.76	13.63	11.66	14.87	16.99	17.55	18.08	21.74	23.23
74	7.22	9.01	9.96	10.48	11.01	13.55	14.48	12.09	15.51	17.83	18.97	19.54	22.68	24.23
75	7.61	9.83	11.18	11.77	12.35	14.38	15.36	12.51	16.15	18.58	20.19	21.12	23.62	25.24
76	8.01	10.41	11.97	13.01	13.64	15.23	16.27	12.93	16.80	19.32	21.00	22.01	24.57	26.25
77	8.42	11.01	12.66	13.76	14.42	16.10	17.20	13.33	17.44	20.05	21.80	22.84	25.50	27.25
78	8.82	11.62	13.36	14.52	15.22	16.99	18.15	13.73	18.07	20.78	22.59	23.67	26.43	28.23
79	9.23	12.23	14.07	15.29	16.02	17.89	19.11	14.10	18.69	21.49	23.36	24.48	27.33	29.20
80	9.64	12.85	14.78	16.06	16.84	18.80	20.08	14.46	19.28	22.17	24.10	25.25	28.19	30.12
81	10.60	14.14	16.26	17.67	18.52	20.68	22.09	15.90	21.21	24.39	26.51	27.78	31.01	33.13
82	11.57	15.42	17.74	19.28	20.20	22.55	24.10	17.35	23.13	26.60	28.92	30.30	33.83	36.15
83	12.82	17.09	19.66	21.37	22.39	25.00	26.71	19.23	25.64	29.48	32.05	33.59	37.50	40.06
84	14.07	18.76	21.58	23.45	24.58	27.44	29.32	21.11	28.15	32.37	35.18	36.87	41.16	43.98

Appendix C

John Hancock Life Insurance Company

P-FACE (2002-2)

Rates to be used with Inflation Decrease Option Only

Rates per \$5 of Monthly Benefit - 90 Day Elimination Period

75% HHC benefit

Issue Age	ABI Option: (3.2% Compound Inflation) Benefit Period				
	2	3	4	5	6
18-29	1.29	1.42	1.51	1.58	1.65
30	1.29	1.42	1.51	1.58	1.65
31	1.33	1.47	1.57	1.63	1.71
32	1.37	1.52	1.63	1.70	1.78
33	1.42	1.57	1.68	1.76	1.84
34	1.46	1.63	1.75	1.83	1.91
35	1.51	1.69	1.81	1.89	1.98
36	1.55	1.74	1.88	1.97	2.06
37	1.60	1.81	1.95	2.04	2.14
38	1.65	1.87	2.02	2.12	2.22
39	1.70	1.94	2.09	2.20	2.30
40	1.75	2.00	2.17	2.28	2.39
41	1.78	2.06	2.23	2.35	2.46
42	1.81	2.11	2.30	2.42	2.54
43	1.84	2.16	2.36	2.49	2.61
44	1.88	2.22	2.43	2.57	2.69
45	1.91	2.28	2.50	2.65	2.78
46	1.98	2.36	2.60	2.75	2.89
47	2.06	2.45	2.70	2.86	3.00
48	2.14	2.54	2.80	2.98	3.12
49	2.23	2.64	2.91	3.09	3.24
50	2.32	2.73	3.02	3.22	3.37
51	2.42	2.86	3.17	3.37	3.54
52	2.52	2.99	3.32	3.54	3.71
53	2.63	3.13	3.48	3.71	3.89
54	2.74	3.28	3.65	3.89	4.08
55	2.86	3.43	3.82	4.08	4.28
56	3.06	3.67	4.10	4.38	4.59
57	3.28	3.94	4.40	4.71	4.94
58	3.51	4.22	4.72	5.06	5.30
59	3.76	4.52	5.07	5.43	5.70
60	4.03	4.85	5.44	5.84	6.12
61	4.23	5.11	5.74	6.17	6.47
62	4.45	5.38	6.07	6.52	6.83
63	4.67	5.68	6.40	6.89	7.22
64	4.91	5.98	6.76	7.28	7.63
65	5.15	6.31	7.14	7.69	8.06
66	5.47	6.72	7.63	8.24	8.63
67	5.80	7.16	8.16	8.82	9.24
68	6.16	7.63	8.72	9.44	9.90
69	6.53	8.13	9.32	10.11	10.60
70	6.93	8.66	9.96	10.83	11.35
71	7.46	9.38	10.79	11.73	12.29
72	8.03	10.16	11.69	12.71	13.32
73	8.64	11.01	12.66	13.76	14.42
74	9.30	11.93	13.72	14.91	15.63
75	10.01	12.92	14.86	16.15	16.93
76	10.77	14.00	16.10	17.50	18.34
77	11.60	15.16	17.44	18.96	19.87
78	12.48	16.43	18.89	20.53	21.52
79	13.43	17.80	20.46	22.24	23.31
80	14.46	19.28	22.17	24.10	25.25
81	15.90	21.21	24.39	26.51	27.78
82	17.35	23.13	26.60	28.92	30.30
83	19.23	25.64	29.48	32.05	33.59
84	21.11	28.15	32.37	35.18	36.87

Appendix C

John Hancock Life Insurance Company

P-FACE (2002-2)

Rates to be used with Inflation Decrease Option Only

Rates per \$5 of Monthly Benefit - 90 Day Elimination Period

75% HHC benefit

Issue Age	ABI Option (2.3% Compound Inflation) Benefit Period	
	10	Life
18-29	1.84	1.97
30	1.84	1.97
31	1.91	2.04
32	1.98	2.12
33	2.06	2.20
34	2.14	2.28
35	2.22	2.37
36	2.30	2.46
37	2.39	2.55
38	2.48	2.64
39	2.57	2.74
40	2.66	2.85
41	2.75	2.93
42	2.83	3.02
43	2.92	3.12
44	3.01	3.21
45	3.10	3.31
46	3.22	3.44
47	3.35	3.58
48	3.48	3.72
49	3.62	3.87
50	3.76	4.02
51	3.95	4.22
52	4.14	4.42
53	4.34	4.64
54	4.55	4.86
55	4.77	5.10
56	5.13	5.48
57	5.51	5.89
58	5.92	6.32
59	6.36	6.79
60	6.83	7.30
61	7.22	7.71
62	7.63	8.15
63	8.06	8.61
64	8.52	9.10
65	9.00	9.62
66	9.64	10.30
67	10.32	11.02
68	11.05	11.80
69	11.83	12.64
70	12.67	13.53
71	13.72	14.66
72	14.87	15.88
73	16.10	17.21
74	17.45	18.64
75	18.90	20.19
76	20.47	21.87
77	22.18	23.69
78	24.02	25.67
79	26.03	27.81
80	28.19	30.12
81	31.01	33.13
82	33.83	36.15
83	37.50	40.06
84	41.16	43.98

SERFF Tracking #:

MULF-128811481

State Tracking #:**Company Tracking #:**2012 GLTC INFORCE FORM/RATE
FILING**State:**

Arkansas

Filing Company:

John Hancock Life Insurance Company (USA)

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

2012 GLTC INFORCE FORM/RATE FILING

Project Name/Number:

2012 GLTC INFORCE RATE FILING/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Disapproved	01/15/2013
Comments:			
Attachment(s):			
Flesch Certification, AR.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Disapproved	01/15/2013
Bypass Reason:	No applications included in this filing.		

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Disapproved	01/15/2013
Bypass Reason:	This is a limited form/rate filing. all forms filed are related to the filed rate increase		

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Disapproved	01/15/2013
Comments:			
Attachment(s):			
AR Group Cover Letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	AR 1-15 response	Disapproved	01/15/2013
Comments:			
Attachment(s):			
2013.1.2 response.pdf			

FLESCH SCORE CERTIFICATION

The undersigned, as officer of the John Hancock Life Insurance Company (U.S.A.), hereby certifies that each form in this filing meets the Flesch minimum reading ease score of 40.

A handwritten signature in black ink, appearing to read "Marie Roche". The signature is fluid and cursive, with the first name "Marie" and last name "Roche" clearly distinguishable.

(Signed by Officer of Company)
Marie Roche
Assistant Vice President
Long-Term Care Compliance

Date: December 10, 2012

John Hancock Financial Services

Long Term Care
200 Berkeley Street
Boston Massachusetts 02116-5022

(617) 663-3244
(617) 572-0803 fax
kannon@jhancock.com

Kimberly Annon, FSA, MAAA
Actuary
LTC Product & Risk Management



December 13, 2012

Stephanie Fowler
Arkansas Insurance Department

John Hancock Life Insurance Company
2010 Inforce Rate Increase Filing
SERRF ID: MULF-126946505

Dear Ms. Fowler:

Pursuant to the meeting between Dan Honey and Commissioner Bradford from the Arkansas Insurance Department and Marianne Harrison and Dave Plumb from John Hancock on Wednesday, November 21, we are submitting the attached rate increase filings and supporting documentation. These files were originally submitted on February 4, 2011.

While the filings are based on inforce data as of year-end 2009, we have reviewed our 2011 experience and our expectations of the future remain largely unchanged. This can be inferred from the exhibit below which shows incurred claims, premiums, and loss ratios through 12/31/2011 based on both our 2009 and 2011 inforce data.

Data Through 2009*		
Claims	Premiums	LR
89,426,914	673,855,688	13.3%

Data Through 2011**		
Claims	Premiums	LR
95,178,582	728,117,158	13.1%

2011 vs. 2009 LR	
Diff.	Ratio
-0.2%	98.5%

*2010-2011 values are projected based on 2009 inforce

**2010-2011 values are based on actual experience

The increase in claims and premiums in the 2011 life-to-date experience is due to additional coverage sold in 2010 and 2011. However, this new coverage has not materially impacted the life-to-date loss ratio as seen in the exhibit above.

Please do not hesitate to contact me if you have any questions on the above.

Sincerely,

Kimberly Annon, FSA, MAAA
Actuary

John Hancock Financial Services

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Kimberly Annon, FSA, MAAA
Actuary
LTC Product & Risk Management



January 15, 2013

Donna Lambert
Arkansas Insurance Department

John Hancock Life Insurance Company
2010 Inforce Rate Increase Filing
SERRF ID: MULF-126946505

Dear Ms. Lambert:

The following addresses the comments in your letter sent on January 2, 2013

Please provide the number of nationwide insureds and the historical experience for Arkansas.

Please see the tables below:

<i>Data Through 2011</i>		
<i>Claims</i>	<i>Premiums</i>	<i>LR</i>
2,338	296,065	0.8%

<i>Nationwide</i>	<i>Arkansas</i>
<i>Number of</i> <i>Certificates as</i> <i>of 12/31/2011</i>	<i>Number of</i> <i>Certificates as</i> <i>of 12/31/2011</i>
216,790	50

Please do not hesitate to contact me if you have any questions on the above.

Sincerely,

Kimberly Annon, FSA, MAAA
Actuary