

**State:** Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 90-2125 LTC (0213)  
**Project Name/Number:** 90-2125 LTC (0213)/90-2125 LTC (0213)

## Filing at a Glance

Company: Northwestern Long Term Care Insurance Company  
Product Name: 90-2125 LTC (0213)  
State: Arkansas  
TOI: LTC03I Individual Long Term Care  
Sub-TOI: LTC03I.001 Qualified  
Filing Type: Advertisement  
Date Submitted: 01/14/2013  
SERFF Tr Num: NWST-128848414  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 90-2125 LTC (0213)  
  
Implementation: On Approval  
Date Requested:  
Author(s): John Kotarski, Samantha Turdo  
Reviewer(s): Donna Lambert (primary)  
Disposition Date: 01/17/2013  
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:** 90-2125 LTC (0213)  
**Project Name/Number:** 90-2125 LTC (0213)/90-2125 LTC (0213)

### General Information

Project Name: 90-2125 LTC (0213) Status of Filing in Domicile: Pending  
 Project Number: 90-2125 LTC (0213) 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: 01/17/2013  
 State Status Changed: 01/17/2013  
 Deemer Date: Created By: Samantha Turdo  
 Submitted By: Samantha Turdo Corresponding Filing Tracking Number:

#### Filing Description:

Enclosed please find a sales illustration form that will be used by our agents with prospective clients.

Please note that form 90-2125 LTC (0213) will always be produced with forms 90-2129 LTC (412) (Cover Page) and 90-2436 LTC (0213) (Disclosure Statement).

If you have questions regarding the attached forms, please call me at (414) 665-5637 or e-mail me at johnkotarski@northwesternmutual.com. When sending an e-mail, please copy Samantha Turdo at samanthaturdo@northwesternmutual.com.

Sincerely,

John Kotarski  
 Product Compliance Specialist  
 Actuarial Department

### 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]		

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### Filing Fees

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

Company	Amount	Date Processed	Transaction #
Northwestern Long Term Care Insurance Company	\$50.00	01/14/2013	66528845

State: Arkansas Filing Company: Northwestern Long Term Care Insurance Company  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/17/2013	01/17/2013

SERFF Tracking #:

NWST-128848414

State Tracking #:

Company Tracking #:

90-2125 LTC (0213)

State:

Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

90-2125 LTC (0213)

Project Name/Number:

90-2125 LTC (0213)/90-2125 LTC (0213)

## Disposition

Disposition Date: 01/17/2013

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statement of Variability	Approved	Yes
Form	Premium Support Page	Approved	Yes

**State:** Arkansas  
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**Product Name:** 90-2125 LTC (0213)  
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**Filing Company:** Northwestern Long Term Care Insurance Company

## Form Schedule

### Lead Form Number: 90-2125 LTC (0213)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
						Previous Filing Number:	NWST-128738319		
1	Approved 01/17/2013	Premium Support Page	90-2125 LTC (0213)	ADV	Revised	Replaced Form Number:	90-2125 LTC (0412)	0.000	90-2125 LTC (0213).pdf

### Form Type Legend:

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

**Premium Support Page**  
*QuietCare*<sup>®</sup>  
 For <sup>1</sup>{John Doe}, Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{\$6,000}      State of Execution: <sup>6</sup>{State}  
 Optional Benefits\*: <sup>5</sup>{None}      Discounts: <sup>7</sup>{None}

**Alternative Choices For Initial Annual Premium**

**Premiums without either indexing option:**

Elimination Period	Nonforfeiture Benefit (NFB)	Benefit Period	
		6 Years	3 Years
6 Weeks	With NFB	<sup>8</sup> {\$1,848.00}	<sup>8</sup> {\$1,572.00}
	Without NFB	<sup>8</sup> {\$1,626.00}	<sup>8</sup> {\$1,362.00}
12 Weeks	With NFB	<sup>8</sup> {1,608.00}	<sup>8</sup> {1,362.00}
	Without NFB	<sup>8</sup> {1,416.00}	<sup>8</sup> {1,182.00}
25 Weeks	With NFB	<sup>8</sup> {1,464.00}	<sup>8</sup> {1,236.00}
	Without NFB	<sup>8</sup> {1,290.00}	<sup>8</sup> {1,074.00}
52 Weeks	With NFB	<sup>8</sup> {1,206.00}	<sup>8</sup> {1,026.00}
	Without NFB	<sup>8</sup> {1,062.00}	<sup>8</sup> {888.00}

**Premiums with Automatic Additional Purchase Benefit (AAPB) indexing option at <sup>9</sup>{5%}:**

Elimination Period	Nonforfeiture Benefit (NFB)	Benefit Period	
		6 Years	3 Years
6 Weeks	With NFB	<sup>10</sup> {\$2,028.00}	<sup>10</sup> {\$1,662.00}
	Without NFB	<sup>10</sup> {\$1,794.00}	<sup>10</sup> {\$1,446.00}
12 Weeks	With NFB	<sup>10</sup> {1,764.00}	<sup>10</sup> {1,440.00}
	Without NFB	<sup>10</sup> {1,560.00}	<sup>10</sup> {1,254.00}
25 Weeks	With NFB	<sup>10</sup> {1,608.00}	<sup>10</sup> {1,308.00}
	Without NFB	<sup>10</sup> {1,422.00}	<sup>10</sup> {1,140.00}
52 Weeks	With NFB	<sup>10</sup> {1,326.00}	<sup>10</sup> {1,086.00}
	Without NFB	<sup>10</sup> {1,170.00}	<sup>10</sup> {942.00}

**Premiums with Automatic Benefit Increase (ABI) indexing option at <sup>11</sup>{5%}:**

Elimination Period	Nonforfeiture Benefit (NFB)	Benefit Period	
		6 Years	3 Years
6 Weeks	With NFB	<sup>12</sup> {\$6,822.00}	<sup>12</sup> {\$5,406.00}
	Without NFB	<sup>12</sup> {\$6,318.00}	<sup>12</sup> {\$4,956.00}
12 Weeks	With NFB	<sup>12</sup> {5,934.00}	<sup>12</sup> {4,698.00}
	Without NFB	<sup>12</sup> {5,496.00}	<sup>12</sup> {4,308.00}
25 Weeks	With NFB	<sup>12</sup> {5,400.00}	<sup>12</sup> {4,272.00}
	Without NFB	<sup>12</sup> {5,004.00}	<sup>12</sup> {3,918.00}
52 Weeks	With NFB	<sup>12</sup> {4,452.00}	<sup>12</sup> {3,528.00}
	Without NFB	<sup>12</sup> {4,122.00}	<sup>12</sup> {3,234.00}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>13</sup>{ Sample M. Agent }

<sup>14</sup>{01/01/2012}

**State:** Arkansas  
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**Filing Company:** Northwestern Long Term Care Insurance Company

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved	01/17/2013
Comments:			
Attachment(s):			
1 SOV 90-2125 LTC (0213).pdf			

# Statement of Variability

For Advertising Form 90-2125 LTC (0213)

<b>Provision</b>	<b>Reference</b>	<b>Variability</b>
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Other Options	Third line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
6. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
7. Discounts	Third line of text under the title (right side)	10%, 15%, 30% and/or 5%, or None
8. Premiums without either indexing option	Fourth, fifth and sixth columns in the first table	The total initial annual premium for the policy without either indexing option, based on the various Elimination Period options (6 Weeks, 12 Weeks, 25 Weeks and 52 Weeks), Paid-Up Nonforfeiture Benefit options (with Paid-Up Nonforfeiture Benefit and without Paid-Up Nonforfeiture Benefit) and Benefit Period options (3 Year, 6 Year) (from \$0.01 to \$x,xxx.xx?, based on the policy design)
9. Automatic Additional Purchase Benefit (AAPB) indexing percentage	Header row above second table (at right end of text)	5%
10. Premiums with Automatic Additional Purchase	Fourth, fifth and sixth columns in the second table	The total initial annual premium for the policy with the Automatic Additional

Benefit (AAPB) indexing option at 5%		Purchase Benefit indexing option, based on the various Elimination Period options (6 Weeks, 12 Weeks, 25 Weeks and 52 Weeks), Paid-Up Nonforfeiture Benefit options (with Paid-Up Nonforfeiture Benefit and without Paid-Up Nonforfeiture Benefit) and Benefit Period options (3 Year, 6 Year) (from \$0.01 to \$x,xxx.xx?, based on the policy design)
11. Automatic Benefit Increase (ABI) indexing percentage	Header row above third table (at right end of text)	3%, 4% or 5%
12. Premiums with Automatic Benefit Increase (ABI) indexing option at x%	Fourth, fifth and sixth columns in the third table	The total initial annual premium for the policy with the Automatic Benefit Increase (at x%) indexing option, based on the various Elimination Period options (6 Weeks, 12 Weeks, 25 Weeks and 52 Weeks), Paid-Up Nonforfeiture Benefit options (with Paid-Up Nonforfeiture Benefit and without Paid-Up Nonforfeiture Benefit) and Benefit Period options (3 Year, 6 Year) (from \$0.01 to \$x,xxx.xx?, based on the policy design)
13. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
14. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
15. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
16. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration