

**Long Term Care Insurance Rate Request Summary  
Part 1 – To Be Completed By Company**

**Company Name and NAIC Number:**

**SERFF Tracking Number:**

**Effective Date:**

**Revised Rates**

**Average Annual Premium Per Member:**

**Average Requested Percentage Rate Change Per Member:**

**Minimum Requested Percentage Rate Change Per Member:**

**Maximum Requested Percentage Rate Change Per Member:**

**Number of Policy Holders Affected :**

**Plans Affected**

**(The Form Number and “Product Name”)**

<b>Form#</b>	<b>“Product Name”(if applicable)</b>
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**Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.**

***This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.***

This rate filing is a request for a 92% increase in premium, effective upon approval by the state, on the base policy and all associated riders for all insureds covered under the above-captioned policy forms. The requested premium rate increase is needed due to claim levels that produce unacceptable lifetime loss ratios exceeding the statutorily required minimum loss ratio.