

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

**Company Name and NAIC Number:**

**SERFF Tracking Number:**

**Revised Rates**

**Average Annual Premium Per Member:**

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

**Range of Requested Rate Changes:**

**Number of Virginia Policyholders Affected:**

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases

**Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.**

This document is prepared by the carrier to help explain the requested rate change and 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 at

<https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.

**Summary Narrative:**

Rates are being raised on this policy form to pay for anticipated claims that are higher than expected. This is due, in part, to individuals living longer and keeping their policies longer, which results in more claims than we anticipated when this policy form was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on any individual's claims history, age, health status, or any other personal factor.

**The Company's Right to Increase Premiums:**

The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.