

**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")**

**Form#**

**"Product Name"(if applicable)**

Our rates are based on assumptions regarding persistency (how long the certificate stays in force), mortality (at what rate deaths occur), and voluntary lapses (when an insured voluntarily terminates his certificate). Actual persistency results are much higher than anticipated when the certificate was originally priced which means that individuals are living longer and keeping their certificates in force longer which results in more claims incurred. As a result, premiums must be adjusted to ensure current and future claims are adequately funded."

***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.***