

**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)
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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.

Please see the attached Summary of Key Information.

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.

Summary of Key Information

The main drivers of the rate increase need on policy forms 440 et al. are increased persistency and increased morbidity compared to that assumed at the time of original pricing. Policyholders are retaining their policies longer than was anticipated when these products were initially priced, which is resulting in more policies reaching advanced ages at which claims occur more frequently and with higher severity.

The rate increase justified for these policy forms was determined on a fully prospective basis using best estimate assumptions. The assumptions and methods used to calculate the justified rate increase need are summarized in more detail in Section IV and Section V of the Actuarial Memorandum.