

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 new or 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.

When originally determining the premiums to charge for these LTC contracts, assumptions were made about a policyholder's:

1. Mortality,
2. Continued ability or desire to pay the policy premiums and keep the policy inforce,
3. Probability of a policyholder making a claim, and
4. Time on claim (once on claim).

The Company tracks the actual experience of the block versus each of these assumptions and updates its future claim predictions based upon this study.

In doing this study, the Company has seen:

1. Policyholders are living longer than originally expected. Lower death rates mean that more policyholders are eligible to make long term care claims in the future and increases the need for future premiums.
2. Policyholders are continuing to pay their premiums and keeping their policies inforce longer than expected. Lower lapse rates of long term care policies means that more policyholders are eligible to make long term care claims in the future and increases the need for future premiums.
3. The probability of a policyholder making a claim has been tracking well with original expectations.
4. Once the policyholder has made a claim, the policyholder's time on claim has been longer than originally expected. Staying on claim longer increases the need for future premiums.