

**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
LTC0417-AG5-TQ, LTC0417-AG10-TQ, LTC0417-AG15-TQ, LTC0417-5D-TQ, LTC0417-AG5-NTQ, LTC0417-AG10-NTQ, LTC0417-AG15-NTQ, LTC0417-5D-NTQ		2006-2011	Please refer to Exhibit 4, attached to the Actuarial Memorandum.	Please refer to the Actuarial Memorandum.

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

There is a need to increase premiums on certain policy series to reflect that future claims are expected to be significantly higher than originally expected. Claims are significantly higher due to insureds both keeping their policies longer and staying on claim longer than expected when the policy was originally priced.