

**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")**

<b>Form#</b>	<b>"Product Name"(if applicable)</b>
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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.**

***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 Used to Determine Rates**  
**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)-VA**

Berkshire Life is requesting the approval of a flat premium rate increase of 25% on the original rates filed with policy form BG01P(06/04)-VA. No prior rate increase was requested for this form.

As part of the in-force management of the business, Berkshire Life and its reinsurers regularly conduct experience analysis to determine the current best estimate assumptions and lifetime loss ratios are projected using these assumptions. Recent studies indicate that the mortality and lapse experience have been unfavorable and expected to remain lower than the pricing assumptions going forward. An increase on the originally filed rates is needed to adjust to this current experience and to maintain a reasonable lifetime loss ratio.