

**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)

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.

**Health Insurance Rate Request Summary
Summary of Key Information**

When the company originally priced these policies, it considered various assumptions, which influenced the price of the policies. The assumptions were based on the company's best estimates of future experience at that time. Some of these assumptions were later demonstrated to be inconsistent with the company's actual experience. This rate increase is necessary because of the total expected claims are higher than originally expected, and the policyholder termination rates are lower than originally expected. As a responsible insurer, it is important to take appropriate steps such as this to meet the future needs of our policyholders.