

**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.

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.

Based on our analysis of the policies covered under this form, it was determined that a rate increase is necessary to adequately fund our long term care claims. More of our customers have retained their long term care policies over the years than we originally anticipated. Because of this, we have experienced and expect to experience higher claims than we initially accounted for when we rated this product. The current premiums being received do not support the claims we have experienced and expect to experience in the future. Unfortunately when this occurs, it becomes necessary to increase premiums.