Filing at a Glance

Company:	TIAA-CREF Life Insurance Company
Product Name:	Long Term Care Insurance
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Form/Rate
Date Submitted:	06/28/2016
SERFF Tr Num:	META-130630165
SERFF Status:	Closed-Approved
State Tr Num:	META-130630165
State Status:	Approved & Filed
Co Tr Num:	CT14-75 (TC LIFE-RATE) (RESUB1) RW
Implementation Date Requested:	On Approval
Author(s):	Cherise Livingston, Cory Johnson, Patricia Brabant
Reviewer(s):	Bill Dismore (primary), Elsie Andy
Disposition Date:	11/19/2019
Disposition Status:	Approved
Implementation Date:	

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

General Information

Project Name: 2014 TIAA Rate Increase
Project Number: CT14-75 (T-C Life - Rate) (resub1) (RW)
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: Resubmission
Individual Market Type:
Filing Status Changed: 11/19/2019
State Status Changed: 11/19/2019
Created By: Robert Waldron
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Previous Filing Number: META-129971549
Overall Rate Impact: 73%
Deemer Date: 12/12/2019
Submitted By: Robert Waldron
State Sub-TOI: LTC03I.003 Other

Filing Description:

This is a premium rate schedule increase filing for individual long-term care insurance policies.
June 28, 2016

Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re:TIAA-CREF Life Insurance Company (“T-C Life”)
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
T-C Life NAIC Company No. is 60142
T-C Life FEIN is 13-3917848

Dear Sir/Madam:

This is a resubmission of SERFF # META-129971549. All prior objections have been addressed within the actuarial materials.

The referenced filing is being submitted by Metropolitan Life Insurance Company (“MetLife”) as administrator on behalf of T-C Life, under an administrative agreement between MetLife and T-C Life that became effective on May 1, 2004. A letter authorizing MetLife to submit this filing on behalf of T-C Life is included in this filing.

Background on Reinsurance Transactions

On May 1, 2004, MetLife entered into indemnity reinsurance agreements with each of T-C Life and Teachers Insurance and Annuity Association (“TIAA” and together with T-C Life, “Teachers”), pursuant to which MetLife agreed to reinsure all of Teachers’ long-term care insurance business on an indemnity reinsurance basis.
Concurrently with entering into the indemnity reinsurance agreements, MetLife entered into assumption reinsurance agreements with each of TIAA and T-C Life, pursuant to which MetLife agreed to assume Teachers’ direct obligations under their long-term care insurance policies on the terms and conditions set forth in the assumption reinsurance agreements.

All required approvals were obtained for these transactions.

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

This filing for approval only pertains to those long-term care insurance policies issued by T-C Life in your state that MetLife reinsures on an indemnity reinsurance basis. Concurrently with this filing, we are submitting the following filings to request approval of premium rate schedule increases for:

•a filing to request approval of premium rate schedule increases for the T-C Life long-term care policies assumed by MetLife.

Please note that previously, a premium rate increase request of 41% was disapproved by your Department under SERFF number META-127150314.

Please note that previously, a premium rate increase request of 73% was disapproved by your Department under SERFF number META-129971549.

Request for Approval of Inforce Premium Rate Schedule Increase

We are filing, for your review and approval, a request for a 73% premium rate schedule increase with respect to the policy form number listed below.

•TCL-LTC.04(VA) Ed. 4/00, initially approved by your Department on October 1, 2001, along with any rider and endorsement forms that were contemporaneously or subsequently approved for use with that policy form. This policy series is no longer being marketed to new policyholders in any state.

We are submitting an actuarial memorandum and rates in support of our request.

Requirement for Updated Projections

Please note that we do not intend to provide updated projections annually for the next three years.

Notification to Policyholders of Premium Rate Schedule Increase

After we have obtained approval of the premium rate increase, we intend to provide policyholders with a minimum of 60 days advance written notification prior to the first effective date of the increase. In our written notification we will explain that:

•The amount of the increase requested in this filing and the amount of the increase approved by your Department;

•If the full amount of the requested increase is approved by your Department, a statement that the policy may be subject to rate increases in the future. If the amount of the increase approved by your Department is less than the amount requested in this filing, the notice will include the same statement and may include an additional statement about the likelihood of MetLife making future rate increase requests on the policy. The wording of this additional statement will depend on the degree of variance from the amount requested;

•The current premium rate and the premium rate after the increase is applied;

•A statement that the premium rate adjustment will be effective on the policy's anniversary date.

•Information regarding each premium rate increase on this policy form or similar policy forms over the past ten (10) years for this state or any other state that identifies:

1.The policy forms for which premium rates have been increased;
2.The calendar years when the form was available for purchase; and
3.The percent range of each increase

•The following options available to the policyholder:

othe policyholder can continue his/her current coverage by paying the new premium amount when due;

othe policyholder can reduce his/her coverage to lessen the impact of the premium rate schedule if the current level of coverage permits a reduction; or

oif the policyholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), then the policyholder will have nonforfeiture coverage.

If the policyholder's coverage includes the Nonforfeiture Benefit Option Rider (Shortened Benefit Period) and coverage lapses during the Election Period, the nonforfeiture coverage will be provided under that feature.

In all other cases, we will automatically issue the policyholder LCUL. Note that if the policyholder qualifies for coverage under Contingent Benefit Upon Lapse, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse.

We will not provide coverage under more than one nonforfeiture coverage provision.

We have included a copy of our policyholder notification letter for informational purposes.

Limited Coverage Upon Lapse Following Premium Increase Endorsement

In connection with our request for approval of a premium rate schedule increase, we are filing the following form for review and approval. Please refer to the section above titled Notification to Policyholders of Premium Rate Schedule Increase for information on how we intend to use this endorsement. This form is new, does not replace another form and does not impact premium rates.

Form Number:Description:

LCUL.04-TCLLIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to TCL-LTC.04 policyholders whose policies lapsed during the Election Period and whose policies do not include the Nonforfeiture Benefit Option Rider (Shortened Benefit Period).

This endorsement form achieves a Flesch score of 52.

The contact person for this filing is:

Gina Jisonna
1300 Hall Boulevard
Bloomfield, CT 06002
Telephone: 860-656-3809

gjisonna@metlife.com

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

Thomas G. Reilly
Director
Product Management & Compliance

Company and Contact

Filing Contact Information

Gina Jisonna, Sr. Product Consultant
1300 Hall Blvd
Bloomfield, CT 06002

gjisonna@metlife.com
860-656-3809 [Phone]
860-656-3815 [FAX]

Filing Company Information

TIAA-CREF Life Insurance Company
730 Third Avenue
New York, NY 10017
(212) 578-2944 ext. 2944[Phone]

CoCode: 60142
Group Code: 1216
Group Name:
FEIN Number: 13-3917848

State of Domicile: New York
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	11/19/2019	11/19/2019

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	11/18/2019	11/18/2019
Info has been requested from company	Bill Dismore	11/12/2019	11/12/2019
Info has been requested from company	Bill Dismore	11/05/2019	11/05/2019
Info has been requested from company	Bill Dismore	10/30/2019	10/30/2019
Info has been requested from company	Bill Dismore	10/24/2019	10/24/2019
Info has been requested from company	Bill Dismore	09/09/2019	09/09/2019
Info has been requested from company	Bill Dismore	08/08/2019	08/08/2019
Info has been requested from company	Bill Dismore	08/08/2019	08/08/2019
Info has been requested from company	Bill Dismore	03/06/2019	03/06/2019
Disapproved	Elsie Andy	03/05/2019	03/05/2019

Response Letters

Responded By	Created On	Date Submitted
Cory Johnson	11/19/2019	11/19/2019
Cory Johnson	11/12/2019	11/12/2019
Cory Johnson	11/11/2019	11/11/2019
Cory Johnson	10/30/2019	10/30/2019
Cory Johnson	10/25/2019	10/25/2019
Cory Johnson	10/09/2019	10/09/2019
Cory Johnson	08/21/2019	08/21/2019
Patricia Brabant	08/29/2019	08/29/2019
Cherise Livingston	03/13/2019	03/13/2019
Cherise Livingston	03/13/2019	03/13/2019

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	01/17/2019	01/17/2019
Info has been requested from company	Bill Dismore	01/17/2019	01/17/2019
Info has been requested from company	Bill Dismore	01/10/2019	01/10/2019
Info has been requested from company	Bill Dismore	12/13/2018	12/13/2018
Info has been requested from company	Bill Dismore	10/31/2018	10/31/2018
Info has been requested from company	Janet Houser	10/04/2017	10/04/2017
Disapproved	Elsie Andy	06/29/2017	06/29/2017
Disapproved	Toni Janoski	03/28/2017	03/28/2017
Disapproved	Elsie Andy	07/01/2016	07/01/2016

Response Letters

Responded By	Created On	Date Submitted
Robert Waldron	01/18/2019	01/18/2019
Robert Waldron	01/18/2019	01/18/2019
Robert Waldron	01/17/2019	01/17/2019
Cherise Livingston	12/13/2018	12/13/2018
Cherise Livingston	12/07/2018	12/07/2018
Robert Waldron	09/25/2018	09/25/2018
Robert Waldron	09/12/2017	09/12/2017
Robert Waldron	09/12/2017	09/12/2017
Robert Waldron	07/07/2016	07/07/2016

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policyholder Letter	Cory Johnson	10/30/2019	10/30/2019
Form	Coverage Change Form	Cory Johnson	10/30/2019	10/30/2019
Form	Explanation of Variables-Policyholder Letter	Cory Johnson	10/30/2019	10/30/2019
Form	Explanation of Variables-Coverage Change Form	Cory Johnson	10/30/2019	10/30/2019
Supporting Document	Explanation of Variables_Coverage Change-Moved to Form Schedule	Cory Johnson	10/30/2019	10/30/2019
Supporting Document	Explanation of Variables_Policyholder Letter-Moved to Form Schedule	Cory Johnson	10/30/2019	10/30/2019
Supporting Document	Policyholder Letter-REDLINE Version	Cory Johnson	10/30/2019	10/30/2019

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Shared Care Benefit Rider	Cory Johnson	10/30/2019	10/30/2019
Supporting Document	Survivor Waiver Rider	Cory Johnson	10/30/2019	10/30/2019
Supporting Document	Coverage Change Form-REDLINE Version	Cory Johnson	10/30/2019	10/30/2019
Supporting Document	TIAA Policyholder Increase Letter	Robert Waldron	02/20/2019	02/20/2019

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Granted To 8/29/2019	Note To Filer	Bill Dismore	08/21/2019	08/21/2019
Request for an extension	Note To Reviewer	Cory Johnson	08/21/2019	08/21/2019
Actuarial Certification	Note To Filer	Bill Dismore	01/17/2019	01/17/2019
Actuarial Final Summary Report	Reviewer Note	Bill Dismore	11/19/2019	
Call to Discuss Letter; EOV; Coverage Change Form & Rider	Reviewer Note	Bill Dismore	11/05/2019	
TCL-LTC-CNF (VA) Form	Reviewer Note	Bill Dismore	11/04/2019	
Mgmt Review of PN Letter & Coverage Change Form	Reviewer Note	Bill Dismore	10/11/2019	
VALR for LTCI Filings	Reviewer Note	Bill Dismore	07/18/2019	
Partnership Policies - No Existing Partnership policies in VA	Reviewer Note	Bill Dismore	07/11/2019	
MetLife Call-Explain MetLife/TIAA-CREF Life Relationship	Reviewer Note	Bill Dismore	12/13/2018	
RRS	Reviewer Note	Bill Dismore	09/25/2018	

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Disposition

Disposition Date: 11/19/2019
Implementation Date:
Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
TIAA-CREF Life Insurance Company	73.000%	73.000%	$144,793	107	$198,347	73.000%	73.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	TIAA Policyholder Increase Letter - attached to the Form Schedule	Received & Acknowledged	Yes
Supporting Document	VA TC-Life Objection Response 2017-03-28 (META-130630165)	Received & Acknowledged	Yes
Supporting Document	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variable for the LCUL	Received & Acknowledged	Yes
Supporting Document	T-C Life Response Letter VA 9-25-18	Received & Acknowledged	Yes
Supporting Document	VA (TC-Life-Rate) Obj Response 2017-10-04 - attachments	Received & Acknowledged	Yes
Supporting Document	Response Letter 12.7.18	Received & Acknowledged	Yes
Supporting Document (revised)	Coverage Change Form-REDLINE Version (revised)	Received & Acknowledged	Yes
Supporting Document (revised)	Explanation of Variables_Coverage Change-Moved to Form Schedule	Received & Acknowledged	Yes
Supporting Document (revised)	Explanation of Variables_Policyholder Letter-Moved to Form Schedule	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Policy Schedule	Received & Acknowledged	Yes
Supporting Document	TCL-LTC.04	Received & Acknowledged	Yes
Supporting Document	TCL-LTC-CPI.04	Received & Acknowledged	Yes
Supporting Document	Inflation COSMO Language	Received & Acknowledged	Yes
Supporting Document	04 Approval	Received & Acknowledged	Yes
Supporting Document	Response Letter 2019-03-13	Received & Acknowledged	Yes
Supporting Document	Response Objection 2019-08-08	Received & Acknowledged	Yes
Supporting Document	Objection Response 2019-08-29	Received & Acknowledged	Yes
Supporting Document	Attachment 2	Received & Acknowledged	Yes
Supporting Document	Attachment-ALR	Received & Acknowledged	Yes
Supporting Document	ALR Response	Received & Acknowledged	Yes
Supporting Document	Objection Response	Received & Acknowledged	Yes
Supporting Document	ALR Nationwide Calculations	Received & Acknowledged	Yes
Supporting Document	Policyholder Letter-REDLINE Version	Received & Acknowledged	Yes
Supporting Document	Shared Care Benefit Rider	Received & Acknowledged	Yes
Supporting Document	Survivor Waiver Rider	Received & Acknowledged	Yes
Supporting Document (revised)	EOV- PH Letter and Covg Change Form	Received & Acknowledged	Yes
Supporting Document	TIAA Contingent Rider - 04	Received & Acknowledged	Yes
Supporting Document	Response to Objection	Received & Acknowledged	Yes
Supporting Document	Response to Objection 2019-11-12	Received & Acknowledged	Yes
Supporting Document	John Doe-PH Ltr and Coverage Change Form	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	TIAA Policyholder Increase Letter	Withdrawn	No
Supporting Document	TIAA Policyholder Increase Letter with LD Number	Withdrawn	No
Supporting Document	TIAA Policyholder Increase Letter with LD Number	Withdrawn	No

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	TIAA Policyholder Increase Letter with LD Number	Withdrawn	No
Supporting Document	SOV_LCUL	Withdrawn	No
Supporting Document	Coverage Change Form-REDLINE Version	Withdrawn	No
Supporting Document	Coverage Change Form Landing Spots	Withdrawn	No
Supporting Document	Explanation of Variables_Coverage Change	Withdrawn	No
Supporting Document	Explanation of Variables_Policyholder Letter	Withdrawn	No
Supporting Document	Explanation of Variables_Policyholder Letter	Withdrawn	No
Supporting Document	EOV- PH Letter and Covg Change Form	Withdrawn	No
Form (revised)	LCUL.04-TCL	Filed	Yes
Form (revised)	Moved to Supporting Documentation Tab	Received & Acknowledged	Yes
Form (revised)	Policyholder Letter	Filed	Yes
Form (revised)	Coverage Change Form	Filed	Yes
Form (revised)	Moved to Supporting Documentation Tab	Received & Acknowledged	Yes
Form (revised)	Moved to Supporting Documentation Tab	Received & Acknowledged	Yes
Form	LCUL(04)-TCL	Withdrawn	No
Form	TIAA Contingent Rider - 04	Withdrawn	No
Form	Policyholder Letter	Review Pending	No
Form	Endorsement	Withdrawn	No
Form	Endorsement	Withdrawn	No
Form	Coverage Change Form	Withdrawn	No
Form	Explanation of Variables-Policyholder Letter	Withdrawn	No
Form	Explanation of Variables-Coverage Change Form	Withdrawn	No
Rate (revised)	TIAA_Rates_VA_CURRENT_with_73%Increase	Approved	Yes
Rate	TIAA_Rates_VA_CURRENT_with_73%Increase	Withdrawn	No
Rate	TIAA_Rates_VA_CURRENT_with_73%Increase	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/18/2019
Submitted Date	11/18/2019
Respond By Date	11/20/2019

Dear Gina Jisonna,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Policyholder Letter, PHLTR-TCL-VA (Form)

Comments: Please provide a "John Doe" version of the policyholder notification letter along with a "John Doe" version of the Coverage Change Form and place this under the Supporting Documentation tab.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/12/2019
Submitted Date	11/12/2019
Respond By Date	11/19/2019

Dear Gina Jisonna,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Coverage Change Form, COVCHG-TCL-VA (Form)

Comments: Please explain why the address under the signature on the TIAA-CREF Coverage Change Form letter (i.e. Metropolitan Life Insurance Company Long Term Care [PO Box 14634, Lexington, KY 40512-4634]) does not match the name and address published in the header of the letter (i.e. MetLife Services and Solutions, LLC as administrator [P.O. Box 990028, Hartford, CT 06199-0028]).

The introduction of "Metropolitan Life Insurance Company Long Term Care" is not an approved entity under TIAA-CREF Life Insurance Company.

Objection 2

- TIAA Contingent Rider - 04 (Supporting Document)

Comments: In our previous objection letter we requested that the Company provide the approved TCL-LTC-CNF (VA) form. The form provided under Supporting Documentation is a similar form but not the exact form that was approved in Virginia. Please explain or provide the SERFF tracking number for the approved form or a copy of the form along with the approval letter or stamp.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/05/2019
Submitted Date	11/05/2019
Respond By Date	11/19/2019

Dear Gina Jisonna,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: 1) Please withdraw this form from the Form Schedule and place it under the Supporting Documentation tab.

2) This form was previously approved in Virginia on 11/20/2002. However, the TCL-LTC-CNF (VA) form provided is a similar form but not the exact form that was approved. Please be sure to place the actual form approved in Virginia under the Supporting Documentation tab.

Objection 2

- Policyholder Letter, PHLTR-TCL-VA (Form)

Comments: Page 2, there appears to be a spacing issue between the sentence ending in "...there are any additional options available to reduce coverage." and the bolded text "Your current and new premium amounts." Please revise.

Objection 3

- EOV- PH Letter and Covg Change Form (Supporting Document)

Comments: The EOV does not contain an explanation regarding the "insert instructions" found throughout the policyholder notification letter. Please list the insertion instructions on the EOV.

This was the compromise resolution agreed upon by the Company to allow the insertion instructions to remain within the policyholder notification letter.

Objection 4

- Coverage Change Form, COVCHG-TCL-VA (Form)

Comments: Page 2, return address below the Signature and Date lines, please replace the address, "Metropolitan Life Insurance Company Long Term Care [PO Box 14634, Lexington, KY 40512-4634] with the address that is referenced at the top of Page 1.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should

reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/30/2019
Submitted Date	10/30/2019
Respond By Date	11/05/2019

Dear Gina Jisonna,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

Comments: Thank you for updated the revised Policyholder Notification Letter and Coverage Change Form.

Please remove the Explanation of Variables for forms PHLTR-MET-VA and COVCHG-MET-VA from the Form Schedule and place these documents under the Supporting Documentation tab.

Only forms that require approval from the Virginia Bureau of Insurance should be placed under the Form Schedule.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/24/2019
Submitted Date	10/24/2019
Respond By Date	11/08/2019

Dear Gina Jisonna,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

During our review, we noted the following need for additional information to continue.

Objection 1

Comments: Response to Objections - 10/09/2019

Thank you for providing the Anticipated Loss Ratio Calculations for the Virginia Experience.

Since the rate increase is based on the nationwide experience due to credibility, we request that the ALR calculations also be provided for the Nationwide experience for the affected form(s).

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/09/2019
Submitted Date	09/09/2019
Respond By Date	10/09/2019

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- TIAA Policyholder Increase Letter - attached to the Form Schedule (Supporting Document)

Comments: While we appreciate your efforts to reconcile having one policyholder notification letter to serve for two filings with separate NAIC numbers, the letter remains non-compliant with 14 VAC 5-100-50 2 because it fails to identify the full and proper corporate name of the insurer applicable to the recipient of the letter. We see no alternative but to have separate letterheads for each company and are unable to approve otherwise.

Objection 2

- TCL-LTC.04 (Supporting Document)

Comments: Thank you for the updated historical experience based solely on form LTC.04. Please also provide updated projections and demonstrations of compliance based on this experience, separately for the pre and post blocks, including the Active Life Reserve test required for the pre-rate stability block.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information and the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/08/2019
Submitted Date	08/08/2019
Respond By Date	08/29/2019

Dear Gina Jisonna,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Certification of Compliance (Supporting Document)

Comments: The certification of compliance that is required by 14 VAC 5-100-40 3 refers to Metropolitan Life Insurance Company but the Filing Company is TIAA-CREF Life Insurance Company and the NAIC number identified is 60142. Please revise the certification of compliance accordingly.

Objection 2

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: TCL-LTC-CNF

We reviewed your response to Objections 5 through 10 in the 3/13/19 Response Letter and we need some additional information. We are unable to verify that form TCL-LTC-CNF was previously approved for use in Virginia. Please provide us with the SERFF Tracking Number under which this form was approved. If approved prior to the SERFF system, please provide the State Tracking Number and the date approved.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected by 8/22/2019. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/08/2019
Submitted Date	08/08/2019
Respond By Date	08/29/2019

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: In the previous rate filing (SERFF # META-127150314) the Virginia Bureau of Insurance had requested a revision of financial exhibits to include data only pertaining to form LTC.04 (see objection letter dated 11/13/2012).

a. In the current rate filing, please provide Attachment 2, Incurred Loss Ratio Including the Change in Active Life Reserves, to represent data only for form LTC.04 as it appears to include data from LTC.02 and LTC.03.

b. Please advise if Attachment 3 includes only data related to form LTC.04. If it includes data from forms LTC.02 and LTC.03, please revise so that it depicts only data for LTC.04.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected by the end of business day, 8/22/2019. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/06/2019
Submitted Date	03/06/2019
Respond By Date	03/15/2019

Dear Gina Jisonna,

Introduction:

The policyholder letter included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Endorsement, PHLTR-TCL-VA (Form)

Comments: Please place the latest version of the PHLTR-TCL-VA letter (submitted by Robert Waldron on 2/20/2019) in the Form Schedule to replace the version submitted on 12/13/2019.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	03/05/2019
Submitted Date	03/05/2019
Respond By Date	04/04/2019

Dear Gina Jisonna,

Introduction:

TIAA-CREF Life Insurance Company
SERFF Tracking No: META-130630165
Form Nos: LCUL.04-TCL and TCL-LTC-CNF

We are continuing to review this filing and identified some concerns with forms LCUL.04-TCL and TCL-LTC-CNF.

Objection 1

- SOV_LCUL (Supporting Document)
- LCUL.04-TCL, LCUL.04-TCL (Form)
Comments: We have completed our review of form LCUL.04-MET and found no concerns; however, the Statement of Variability (SOV) requires revision. The SOV appropriately identifies the variable fields; however, the variable fields appear on the second page rather than the first page. Please revise the SOV accordingly.

Objection 2

- SOV_LCUL (Supporting Document)
Comments: The SOV refers to MetLife where the Filing Company is TIAA-CREF Life Insurance Company and the NAIC number identified is 60142. Please revise the SOV.

Objection 3

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: Form TCL-LTC-CNF does not appear to be in final print as required by 14 VAC 5-100-50 3.

Objection 4

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The form contains variable fields. Each field intended to be variable should be bracketed. Please provide us with a statement of variability that identifies each variable field appearing in the form and describe specifically how that field might vary from the text as presented.

Objection 5

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The rider should be captioned as Contingent Benefit Upon Lapse Rider for consistency with 14 VAC 5-200-185 C.

Objection 6

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: Notice of premium increase must be provided within 75 days prior to the due date of the premium reflecting the rate increase pursuant to 14 VAC 5-200-185 D 3.

Objection 7

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 D 7.

Objection 8

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 F.

Objection 9

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The Triggers For A Substantial Premium Rate Increase table is not consistent with 14 VAC 5-200-185 D 3.

Objection 10

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 D 7.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Manager, Forms and Rates
Life and Health Division
(804) 371-9072

Sincerely,
Elsie Andy

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/17/2019
Submitted Date	01/17/2019
Respond By Date	02/15/2019

Dear Gina Jisonna,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Certifications found on pages 10-12 of the actuarial memorandum provide certification for the 63 insureds under the post-stability policies.

Please provide the actuarial certification for the pre-stability policies which includes a statement regarding future rate increases if the requested increase is granted.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/17/2019
Submitted Date	01/17/2019
Respond By Date	02/15/2019

Dear Gina Jisonna,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Endorsement, PHLTR-TCL-VA (Form)

Comments: In referencing 14VAC5-100-50 2 and since this policyholder notification letter is specific to business with TIAA-CREF Life Insurance Company and filed under their NAIC identification number , the TIAA-CREF logo must be prominently placed on the policyholder notification letter. The "MetLife" logo cannot be displayed in such a manner as to imply that another company is responsible for the obligations undertaken in the policy.

Objection 2

- Explanation of Variables_Policyholder Letter (Supporting Document)

- Endorsement, PHLTR-TCL-VA (Form)

Comments: Policyholder Notification Letter and Statement of Variability

In the second paragraph of the policyholder notification letter the last 2 sentences are bracketed. This needs to be added and explained on the Statement of Variability.

Objection 3

- TIAA Policyholder Increase Letter with LD Number (Supporting Document)

Comments: Please withdraw the previous "Endorsement - Policyholder Notification Letter" from the Form Schedule and replace it with the revised Policyholder Notification Letter of 1/17/2019.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/10/2019
Submitted Date	01/10/2019
Respond By Date	02/08/2019

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Endorsement, PHLTR-TCL-VA (Form)

Comments: Policyholder Letter

1) Please remove the yellow highlights from the form letter and provide a clean copy.

2) Please provide the correct "Form Name" under the Form Schedule. The form name should be "Policyholder Notification Letter" instead of "Endorsement".

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,

Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/13/2018
Submitted Date	12/13/2018
Respond By Date	

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

Comments: Rate/Rule Schedule

1. Please revise the "Percent Rate Change Request: from 41% to 73% as this is the amount of rate increase requested.

TIAA Policyholder Increase Letter with LD Number

2. Please move the policyholder increase letter from the Supporting Documentation tab to the Form Schedule tab since this letter has not been approved previously.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/31/2018
Submitted Date	10/31/2018
Respond By Date	

Dear Gina Jisonna,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- TIAA Policyholder Increase Letter with LD Number (Supporting Document)

Comments: 1) The policyholder notification letter must be written on the insurance company's letterhead. Metropolitan Life Insurance Company may be listed as the administrator on behalf of TIAA-CREF Life Insurance Company but cannot be as prominent.

2) The "MetLife" logo should be removed from the letter as it is not applicable as a trademark to TIAA-CREF Life Insurance Company

3) Since the policyholder notification letter and change request form are required to be filed for review, they should be moved under the Form Schedule" section. If the Company intends to use a previously approved policyholder letter form, please provide the SERFF tracking number for the approved letter.

4) Pursuant to 14VAC5-100-40 A 1 and 14VAC5-100-50 1, the policyholder notification letter is required to include a form number in the lower left-hand corner of the form that may consist of digits, letters or a combination of both that distinguishes it from all other forms used by the insurer. Please revise the form accordingly.

5) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

6) Please modify the letters to explain why anticipated claims are higher than expected. The drivers should be identified in language that anyone without an insurance background can easily understand in consumer-friendly language.

7) Please provide a sample of the "optional increase offer" communication referred to in paragraph 1, on page 2 in brackets. If this is an approved form, please provide the SERFF tracking number under which this form was approved. Please explain if this form is attached to the policy.

8) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

9) Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

10) Although the policyholder notification letter includes an explanation of the potential for future premium rate revisions as required by 14VAC5-200-75 A 2, it does not state the policyholder's options in the event of a premium rate revision. The letter should explain

the potential for future premium rate revisions only for the applicable form(s) within this rate filing and not all long-term care forms currently active. All forms not applicable to this rate revision filing should be removed from the policyholder letter. Please revise the form accordingly.

11) Please update the statement of variability for the policyholder notification letter to reflect all revisions.

12) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

13) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

14) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.

15) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

11)

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,
Bill Dismore

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/04/2017
Submitted Date	10/04/2017
Respond By Date	

Dear Gina Jisonna,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

1.Please describe how the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration in setting the assumptions.
2.Please provide updated projections as of 12/31/2016 or later.
3.In Attachment 4 for Lapse A/E, the table shows for duration 14+ an expected lapse of 1,530 vs. current expected of 488. This would imply that the average original anticipated lapse rate was equal to 0.7% x 1,530 / 488 = 2.19%. However, the original ultimate lapse rate in the table supplied varied from 0.0% to 2.0%, making this seem like an unreasonable result. Please explain and update this exhibit as necessary.
4.Please provide the active life reserve balance as of the valuation date for each subset of business for which a projection is provided.
5.Please add the corresponding annualized premium by state to Attachment 7.
6. The revised Certification of Compliance is not in compliance with 14VAC5-100-40 3 which includes the following wording and should be resubmitted: THE COMPANY HAS REVIEWED THE ENCLOSED POLICY FORMS(S) AND CERTIFIES THAT, TO THE BEST OF ITS KNOWLEDGE AND BELIEF, EACH FORM SUBMITTED IS CONSISTENT AND COMPLIES WITH THE REQUIREMENTS OF TITLE 38.2 OF THE CODE OF VIRGINIA AND THE REGULATIONS PROMULGATED PURSUANT THERETO.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	06/29/2017
Submitted Date	06/29/2017
Respond By Date	

Dear Gina Jisonna,

Introduction:

TIAA-CREF Life Insurance Company
SERFF Tracking No: META-130630165
Form No: LCUL.04-TCL

Thank you for the resubmission of the form mentioned above. We reviewed your response and have remaining concerns.

Objection 1

- Certification of Compliance (Supporting Document)

Comments: The certification of compliance attached to the filing is applicable to South Carolina. Please provide us with the certification of compliance required by 14 VAC 5-100-40 3.

Objection 2

- LCUL.04-TCL, LCUL.04-TCL (Form)

Comments: The Filing Description states LCUL.04-TCL LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to TCL-LTC.04 policyholders whose policies lapsed during the Election Period and whose policies do not include the Nonforfeiture Benefit Option Rider (Shortened Benefit Period). The Filing Description also states  In all other cases, we will automatically issue the policyholder LCUL. Note that if the policyholder qualifies for coverage under Contingent Benefit Upon Lapse, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse. Please provide us with a copy of the policy or rider form that describes the contingent benefit upon lapse.

Objection 3

- LCUL.04-TCL, LCUL.04-TCL (Form)

Comments: The form contains variable text. While the variable fields are self-explanatory, we require a statement of variability that identifies each variable field appearing in the form and describe specifically how that field might vary from the text as presented.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised form to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Principal Insurance Market Examiner

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	03/28/2017
Submitted Date	03/28/2017
Respond By Date	

Dear Gina Jisonna,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

A preliminary review of the filing has been completed. Please address the following initial concerns:

Objection 1

- TIAA_Rates_VA_CURRENT_with_73%Increase, [TCL-LTC.04 (VA)Ed. 4/00] (Rate)

Comments: There are no rates filed for approval under the rate/rule schedule. Please amend.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: This rate increase is being requested on form TCL-LTC.04(VA). Please remove reference to any other forms from the actuarial memorandum.

Objection 3

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please amend this document to include the correct SERFF filing number.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to current.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide sufficient detail so that all projections can be recreated. Please provide a copy of all projections in excel with working formulas.

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency, and premium scale, but uses the actual distribution of policies issued rather than the

originally assumed mix of business.

Objection 9

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pleased provide the Nationwide Projections with the increase on form LTC.04 only, both for pre and post.

Conclusion:

Thank you for your courtesy and consideration in this matter.

Sincerely,
Toni Janoski

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	07/01/2016
Submitted Date	07/01/2016
Respond By Date	

Dear Gina Jisonna,

Introduction:

TIAA-CREF Life Insurance Company
SERFF Tracking No: META-130630165
Form No: LCUL304-TCL

This is to acknowledge receipt of and thank you for the submission of the form mentioned above; however, some immediate concerns were noted after a cursory review of the submission. We are unable to take action on this submission at this time for the reasons stated below.

Objection 1

- LCUL(04)-TCL, LCUL(04)-TCL (Form)

Comments: Form number LCUL.04-TCL is inconsistent with the form number identified in the Form Schedule. Please advise which form number is correct. If the form number appearing in the lower left-hand corner on the first page of the form is correct, please revise the Form Schedule to display the correct form number. If the Form Schedule is correct, please provide us with a revised form.

Objection 2

- Certification of Compliance (Supporting Document)

Comments: The certification of compliance required by 14 VAC 5-100-40 3 was not attached to the filing. Please provide this certification upon resubmission.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised form to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Principal Insurance Market Examiner

Sincerely,
Elsie Andy

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/19/2019
Submitted Date	11/19/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Attached are the John Doe versions of the PH letter and Coverage Change form, as requested. Please note that the premium information and dates shown are not actuals and are for illustrative purposes only.

Related Objection 1

Applies To:

- Policyholder Letter, PHLTR-TCL-VA (Form)

Comments: Please provide a "John Doe" version of the policyholder notification letter along with a "John Doe" version of the Coverage Change Form and place this under the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Doe-PH Ltr and Coverage Change Form
Comments:	Please see the attached John Doe-PH Ltr and Coverage Change Form.
Attachment(s):	John Doe version_TC LIFE_PH Letter.pdf John Doe_VA TCLife_Coverage Change Form.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you,

Gina Jisonna

Sincerely,

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Cory Johnson

State:	Virginia	**Filing Company:**	TIAA-CREF Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/12/2019
Submitted Date	11/12/2019

Dear Bill Dismore,

Introduction:

The answers to your questions from your response dated November 12, 2019 are as follows:

Response 1

Comments:

We have revised the address under the signature line on the TIAA-CREF coverage change form to read, MetLife Services and Solutions, LLC, as administrator. Please find included with this response revised copies of the coverage change form (clean and redlined versions).

Related Objection 1

Applies To:

- Coverage Change Form, COVCHG-TCL-VA (Form)

Comments: Please explain why the address under the signature on the TIAA-CREF Coverage Change Form letter (i.e. Metropolitan Life Insurance Company Long Term Care [PO Box 14634, Lexington, KY 40512-4634]) does not match the name and address published in the header of the letter (i.e. MetLife Services and Solutions, LLC as administrator [P.O. Box 990028, Hartford, CT 06199-0028]).

The introduction of "Metropolitan Life Insurance Company Long Term Care" is not an approved entity under TIAA-CREF Life Insurance Company.

Changed Items:

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Form-REDLINE Version (revised)
Comments:	Please see the attached revised Coverage Change Form-REDLINE Version.
Attachment(s):	VA TCLife_Coverage Change Form_REDLINE 10-3-19.pdf
Previous Version	
Satisfied - Item:	*Coverage Change Form-REDLINE Version*
Comments:	*Please see the attached Coverage Change Form-REDLINE Version.*
Attachment(s):	*VA TCLife_Cov Change Form_REDLINE 10-3-19.pdf*
Previous Version	
Satisfied - Item:	*Coverage Change Form Landing Spots*
Comments:	*Attached is the Coverage Change Form*
Attachment(s):	*VA Coverage Change Form.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Form-REDLINE Version (revised)
Comments:	Please see the attached revised Coverage Change Form-REDLINE Version.
Attachment(s):	VA TCLife_Coverage Change Form_REDLINE 10-3-19.pdf
Previous Version	
Satisfied - Item:	*Coverage Change Form-REDLINE Version*
Comments:	*Please see the attached Coverage Change Form-REDLINE Version.*
Attachment(s):	*VA TCLife_Cov Change Form_REDLINE 10-3-19.pdf*
Previous Version	
Satisfied - Item:	*Coverage Change Form Landing Spots*
Comments:	*Attached is the Coverage Change Form*
Attachment(s):	*VA Coverage Change Form.pdf*

Satisfied - Item:	Response to Objection 2019-11-12
Comments:	Please see the attached Response to Objection 2019-11-12.
Attachment(s):	TC Life Response Letter VA 11-12-19.pdf

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Change Form	COVCHG-TCL-VA	OTH	Initial		56.000	VA TCLife_Coverage Change Form_CLEAN 10-3-19.pdf	Date Submitted: 11/12/2019 By: Cory Johnson
Previous Version								
1	*Coverage Change Form*	*COVCHG-TCL-VA*	*OTH*	*Initial*		*56.000*	*VA TCLife_Coverage Change Form_CLEAN 10-3-19.pdf*	*Date Submitted: 10/30/2019 By:*

No Rate/Rule Schedule items changed.

Response 2

Comments:

The Contingent Benefit Upon Lapse Rider (CNF) was part of the original filing submitted by TIAA-Cref. The copy included in the filing is the only version available to us. As previously stated, this rider is not applicable to this increase and will not be issued. The LCUL Rider approved by your department on 11/9/2018 will be issued as there is no age restriction, making it more beneficial to the insured as opposed to the more conservative CNF.

Related Objection 2

Applies To:

- TIAA Contingent Rider - 04 (Supporting Document)

Comments: In our previous objection letter we requested that the Company provide the approved TCL-LTC-CNF (VA) form. The form provided under Supporting Documentation is a similar form but not the exact form that was approved in Virginia. Please explain or provide the SERFF tracking number for the approved form or a copy of the form along with the approval letter or stamp.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State:	Virginia	**Filing Company:**	TIAA-CREF Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)		

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development
Sincerely,
Cory Johnson

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/11/2019
Submitted Date	11/11/2019

Dear Bill Dismore,

Introduction:

The answers to your questions from your response dated November 5, 2019 are as follows:

Response 1

Comments:

The correct form is not on the Supporting Documentation tab.

Related Objection 1

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: 1) Please withdraw this form from the Form Schedule and place it under the Supporting Documentation tab.

2) This form was previously approved in Virginia on 11/20/2002. However, the TCL-LTC-CNF (VA) form provided is a similar form but not the exact form that was approved. Please be sure to place the actual form approved in Virginia under the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	TIAA Contingent Rider - 04
Comments:	Please see the attached TIAA Contingent Rider - 04.
Attachment(s):	TIAA Contingent Rider - 04.pdf

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Moved to Supporting Documentation Tab		POLA	Initial				Date Submitted: 11/11/2019 By: Cory Johnson
Previous Version								
1	*TIAA Contingent Rider - 04*	*TCL-LTC-CNF*	*POLA*	*Initial*		*52.000*	*TIAA Contingent Rider - 04.pdf*	*Date Submitted: 09/12/2017 By: Robert Waldron*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please note that Your current and new premium amounts is on its own line, as that is the lead-in for the next sentence and the information which notes what the insureds current premium and new premium will be after the rate increase.

Related Objection 2

Applies To:

- Policyholder Letter, PHLTR-TCL-VA (Form)

Comments: Page 2, there appears to be a spacing issue between the sentence ending in "...there are any additional options available to reduce coverage." and the bolded text "Your current and new premium amounts." Please revise.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PHLTR-TCL-VA	POLA	Initial		45.000	VA TC Life PH Letter_CLEAN 11-11-19.pdf	Date Submitted: 11/11/2019 By: Cory Johnson
Previous Version								
1	*Policyholder Letter*	*PHLTR-TCL-VA*	*POLA*	*Initial*		*45.000*	*DRAFT_TC LIFE indem_VA LTC04 PH Letter_CLEAN 10-3-19.pdf*	*Date Submitted: 10/30/2019 By:*
Previous Version								
1	*Endorsement*	*PHLTR-TCL-VA*	*POLA*	*Initial*		*49.000*	*VA LTC04 TIAA PH Letter_revised.pdf*	*Date Submitted: 03/13/2019 By: Cherise Livingston*
Previous Version								
1	*Endorsement*	*PHLTR-TCL-VA*	*POLA*	*Initial*		*49.000*	*VA LTC04 TIAA PH Letter_revised.pdf*	*Date Submitted: 12/13/2018 By: Cherise Livingston*

No Rate/Rule Schedule items changed.

Response 3

Comments:

The insert language has been revised, per your November 5, 2019 email. The insert language on the EOV was not moved, as it appropriately follows the language on the letter. The insert language is in italics and bold, so that it stands out.

Related Objection 3

Applies To:

- EOV- PH Letter and Covg Change Form (Supporting Document)

Comments: The EOV does not contain an explanation regarding the "insert instructions" found throughout the policyholder notification letter. Please list the insertion instructions on the EOV.

This was the compromise resolution agreed upon by the Company to allow the insertion instructions to remain within the policyholder notification letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	EOV- PH Letter and Covg Change Form
Comments:	Please see the attached Explanation of Variables Policyholder Notification Letter (Revised) and Coverage Change Form.
Attachment(s):	EOV_VA Coverage Change form.pdf EOV_VA PH Letter.pdf
Previous Version	
Satisfied - Item:	*EOV- PH Letter and Covg Change Form*
Comments:	*Please see the attached Explanation of Variables Policyholder Notification Letter and Coverage Change Form.*
Attachment(s):	*EOV_ VA PH Letter.pdf* *EOV_ VA Coverage Change form.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The return address is our return address and cannot change. The return address below the signature line is the address of our third-party administrator, and that address cannot change, as this is the address where insured would send back their completed coverage change forms.

Related Objection 4

Applies To:

- Coverage Change Form, COVCHG-TCL-VA (Form)

Comments: Page 2, return address below the Signature and Date lines, please replace the address, "Metropolitan Life Insurance Company Long Term Care [PO Box 14634, Lexington, KY 40512-4634] with the address that is referenced at the top of Page 1.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection
Comments:	Please see the attached Response to Objection 2019-11-05.
Attachment(s):	TC Life Response Letter VA 11-11-19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development

Sincerely,
Cory Johnson

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/30/2019
Submitted Date	10/30/2019

Dear Bill Dismore,

Introduction:

We are in receipt of your Objection October 30, 2019 in connection with the above-captioned submission.

Response 1

Comments:

We have moved the Explanation of Variable forms to the Supporting Documentation Tab as requested.

Related Objection 1

Comments: Thank you for updated the revised Policyholder Notification Letter and Coverage Change Form.

Please remove the Explanation of Variables for forms PHLTR-MET-VA and COVCHG-MET-VA from the Form Schedule and place these documents under the Supporting Documentation tab.

Only forms that require approval from the Virginia Bureau of Insurance should be placed under the Form Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	EOV- PH Letter and Covg Change Form
Comments:	Please see the attached Explanation of Variables Policyholder Notification Letter and Coverage Change Form.
Attachment(s):	EOV_VA PH Letter.pdf EOV_VA Coverage Change form.pdf

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Moved to Supporting Documentation Tab		OTH	Initial				Date Submitted: 10/30/2019 By: Cory Johnson
Previous Version								
1	*Explanation of Variables-Policyholder Letter*	*PHLTR-TCL-VA*	*OTH*	*Initial*		*42.000*	*EOV_VA PH Letter.pdf*	*Date Submitted: 10/30/2019 By:*
2	Moved to Supporting Documentation Tab		OTH	Initial				Date Submitted: 10/30/2019 By: Cory Johnson
Previous Version								
2	*Explanation of Variables-Coverage Change Form*	*COVCHG-TCL-VA*	*OTH*	*Initial*		*41.000*	*EOV_VA Coverage Change form.pdf*	*Date Submitted: 10/30/2019 By:*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to our filing.

Sincerely,

Gina Jisonna
MetLife Long Term Care
Manager, Product Development

Sincerely,
Cory Johnson

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/25/2019
Submitted Date	10/25/2019

Dear Bill Dismore,

Introduction:

Response 1

Comments:

We have included the ALR calculations for Nationwide experience for the affected forms.

Related Objection 1

Comments: Response to Objections - 10/09/2019

Thank you for providing the Anticipated Loss Ratio Calculations for the Virginia Experience.

Since the rate increase is based on the nationwide experience due to credibility, we request that the ALR calculations also be provided for the Nationwide experience for the affected form(s).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	ALR Nationwide Calculations
Comments:	Please see the attached ALR Nationwide Calculations.
Attachment(s):	Attachments_10242019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to our filing.

Sincerely,

Deborah Fountas

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Sincerely,
Cory Johnson

State:	Virginia	**Filing Company:**	TIAA-CREF Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/09/2019
Submitted Date	10/09/2019

Dear Bill Dismore,

Introduction:

Thank you for your response dated September 9, 2019. Here are the answers to your questions:

Response 1

Comments:

The Policyholder letters, Coverage Change forms and corresponding EOVs were updated based on our call and review with Bob Grissom on October 3, 2019. The revised versions were sent to the department for review via email on 10/8/19 and will be submitted in SERFF upon receiving additional feedback.

Related Objection 1

Applies To:

- TIAA Policyholder Increase Letter - attached to the Form Schedule (Supporting Document)

Comments: While we appreciate your efforts to reconcile having one policyholder notification letter to serve for two filings with separate NAIC numbers, the letter remains non-compliant with 14 VAC 5-100-50 2 because it fails to identify the full and proper corporate name of the insurer applicable to the recipient of the letter. We see no alternative but to have separate letterheads for each company and are unable to approve otherwise.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please refer to attachment VA Response to ALR

Related Objection 2

Applies To:

- TCL-LTC.04 (Supporting Document)

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Comments: Thank you for the updated historical experience based solely on form LTC.04. Please also provide updated projections and demonstrations of compliance based on this experience, separately for the pre and post blocks, including the Active Life Reserve test required for the pre-rate stability block.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Attachment-ALR
Comments:	Please see the attachment to supplement our response.
Attachment(s):	Attachments_10082019.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Attachment-ALR
Comments:	Please see the attachment to supplement our response.
Attachment(s):	Attachments_10082019.pdf

Satisfied - Item:	ALR Response
Comments:	Please see the attached ALR Response.
Attachment(s):	VA Response to ALR.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Attachment-ALR
Comments:	Please see the attachment to supplement our response.
Attachment(s):	Attachments_10082019.pdf

Satisfied - Item:	ALR Response
Comments:	Please see the attached ALR Response.
Attachment(s):	VA Response to ALR.pdf

Satisfied - Item:	Objection Response
Comments:	Please see the attached Objection Response.
Attachment(s):	VA TIAA (TC-Life-Rate) Objection Response 10-9-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Cory Johnson

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/21/2019
Submitted Date	08/21/2019

Dear Bill Dismore,

Introduction:

The answer to your objection letter dated August 8, 2019 is as follows:

Response 1

Comments:

The certification of compliance has been revised accordingly.

Related Objection 1

Applies To:

- Certification of Compliance (Supporting Document)

Comments: The certification of compliance that is required by 14 VAC 5-100-40 3 refers to Metropolitan Life Insurance Company but the Filing Company is TIAA-CREF Life Insurance Company and the NAIC number identified is 60142. Please revise the certification of compliance accordingly.

Changed Items:

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	VACERTFILINGrevised.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached updated Certification of Compliance*
Attachment(s):	*VACERTFILING.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached updated Certification of Compliance*
Attachment(s):	*VACERTFILING.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached Certification of Compliance*
Attachment(s):	*VACERTFILING.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached Certification of Compliance*
Attachment(s):	*VACERTFILING.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached TC Life Authorization*
Attachment(s):	*TC Life Authorization.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The approval date of the TCL-LTC-CNF rider was November 20, 2002. As previously noted in the objection response dated 3/3/19, this rider is no longer being used.

Related Objection 2

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: TCL-LTC-CNF

We reviewed your response to Objections 5 through 10 in the 3/13/19 Response Letter and we need some additional information. We are unable to verify that form TCL-LTC-CNF was previously approved for use in Virginia. Please provide us with the SERFF Tracking Number under which this form was approved. If approved prior to the SERFF system, please provide the State Tracking Number and the date approved.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Objection 2019-08-08
Comments:	Please see the attached Response letter for the second Objection received on 2019-08-08.
Attachment(s):	TC Life Response Letter VA 8-22-19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development

Sincerely,
Cory Johnson

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/29/2019
Submitted Date	08/29/2019

Dear Bill Dismore,

Introduction:

Thank you for your response dated August 8, 2019. Here are the answers to your questions:

Response 1

Comments:

Please see the updated Attachment 2 provided with this response which includes data from LTC.04 only. Note that we have not included active life reserves in this analysis and will address this in a follow up submission, as previously discussed with the department.
Attachment 3 includes assumptions relating to LTC.04.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: In the previous rate filing (SERFF # META-127150314) the Virginia Bureau of Insurance had requested a revision of financial exhibits to include data only pertaining to form LTC.04 (see objection letter dated 11/13/2012).

a. In the current rate filing, please provide Attachment 2, Incurred Loss Ratio Including the Change in Active Life Reserves, to represent data only for form LTC.04 as it appears to include data from LTC.02 and LTC.03.

b. Please advise if Attachment 3 includes only data related to form LTC.04. If it includes data from forms LTC.02 and LTC.03, please revise so that it depicts only data for LTC.04.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 2019-08-29
Comments:	Please see the attached Objection Response 2019-08-29
Attachment(s):	VA TIAA (TC-Life-Rate) Objection Response 8-8-2019 - (META-130630165).pdf

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response 2019-08-29
Comments:	Please see the attached Objection Response 2019-08-29
Attachment(s):	VA TIAA (TC-Life-Rate) Objection Response 8-8-2019 - (META-130630165).pdf

Satisfied - Item:	Attachment 2
Comments:	Please see the attached Attachment 2
Attachment(s):	VA CT14-75 Objection Response 2019-08-08 - Attachment 2.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Patricia Brabant

State:	Virginia	**Filing Company:**	TIAA-CREF Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/13/2019
Submitted Date	03/13/2019

Dear Bill Dismore,

Introduction:

We are in receipt of your Objection March 6, 2019 in connection with the above-captioned submission.

Response 1

Comments:

We have attached the Policyholder Letter to the Form Schedule in response to your Objection March 6, 2019.

Related Objection 1

Applies To:

- Endorsement, PHLTR-TCL-VA (Form)

Comments: Please place the latest version of the PHLTR-TCL-VA letter (submitted by Robert Waldron on 2/20/2019) in the Form Schedule to replace the version submitted on 12/13/2019.

Changed Items:

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	TIAA Policyholder Increase Letter - attached to the Form Schedule
Comments:	TIAA Policyholder Increase Letter was attached to the Form Schedule
Attachment(s):	
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter*
Comments:	*please see the attached revised TIAA Policyholder Increase Letter*
Attachment(s):	*VA LTC04 TIAA PH Letter_revised.pdf*
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter with LD Number*
Comments:	*please see the attached revised TIAA Policyholder Increase Letter with LD Number*
Attachment(s):	*VA LTC04 TIAA PH Letter_revised.pdf*
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter with LD Number*
Comments:	*please see the attached revised TIAA Policyholder Increase Letter with LD Number*
Attachment(s):	*VA LTC04 TIAA PH Letter_revised.pdf*
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter with LD Number*
Comments:	*please see the attached TIAA Policyholder Increase Letter with LD Number*
Attachment(s):	*VA LTC04 TIAA PH Letter_FINAL w LD.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Endorsement	PHLTR-TCL-VA	POLA	Initial		49.000	VA LTC04 TIAA PH Letter_revised.pdf	Date Submitted: 03/13/2019 By: Cherise Livingston
Previous Version								
1	*Endorsement*	*PHLTR-TCL-VA*	*POLA*	*Initial*		*49.000*	*VA LTC04 TIAA PH Letter_revised.pdf*	*Date Submitted: 12/13/2018 By: Cherise Livingston*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to our filing.

Gina Jisonna
MetLife Long Term Care
Manager, Product Development
860-656-3809

Sincerely,

Cherise Livingston

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/13/2019
Submitted Date	03/13/2019

Dear Bill Dismore,

Introduction:

Dear Mr. Dismore:

The answer to your objection letter dated March 5, 2019 is as follows:

Response 1

Comments:

The SOV has been revised.

Related Objection 1

Applies To:

- *LCUL.04-TCL, LCUL.04-TCL (Form)*
- *SOV_LCUL (Supporting Document)*

Comments: We have completed our review of form LCUL.04-MET and found no concerns; however, the Statement of Variability (SOV) requires revision. The SOV appropriately identifies the variable fields; however, the variable fields appear on the second page rather than the first page. Please revise the SOV accordingly.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variable for the LCUL
Comments:	Please see the attached Statement of Variable for the LCUL
Attachment(s):	EOV_VA LCUL.pdf
Previous Version	
Satisfied - Item:	*SOV_LCUL*
Comments:	*Please see the attached Statement of variability for the LCUL*
Attachment(s):	*SOV_LCUL.pdf*

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variable for the LCUL
Comments:	Please see the attached Statement of Variable for the LCUL
Attachment(s):	EOV_VA LCUL.pdf
Previous Version	
Satisfied - Item:	*SOV_LCUL*
Comments:	*Please see the attached Statement of variability for the LCUL*
Attachment(s):	*SOV_LCUL.pdf*

Satisfied - Item:	Response Letter 2019-03-13
Comments:	Please see the attached Response Letter 2019-03-13
Attachment(s):	TC Life Response Letter VA 3-5-19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The SOV has been revised.

Related Objection 2

Applies To:

- SOV_LCUL (Supporting Document)

Comments: The SOV refers to MetLife where the Filing Company is TIAA-CREF Life Insurance Company and the NAIC number identified is 60142. Please revise the SOV.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The TCL-LTC-CNF Rider provided at the departments request is a PDF of a final copy.

Related Objection 3

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: Form TCL-LTC-CNF does not appear to be in final print as required by 14 VAC 5-100-50 3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The TCL-LTC-CNF provided at the departments request does not contain variable fields.

Related Objection 4

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The form contains variable fields. Each field intended to be variable should be bracketed. Please provide us with a statement of variability that identifies each variable field appearing in the form and describe specifically how that field might vary from the text as presented.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your departments request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Related Objection 5

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The rider should be captioned as Contingent Benefit Upon Lapse Rider for consistency with 14 VAC 5-200-185 C.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your departments request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

The policyholder notification letter (PHLTR-TCL-VA) will be provided within 75 days prior to the date of the premium reflecting the rate increase.

Related Objection 6

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: Notice of premium increase must be provided within 75 days prior to the due date of the premium reflecting the rate increase pursuant to 14 VAC 5-200-185 D 3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your departments request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary

Related Objection 7

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 D 7.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your departments request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Related Objection 8

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 F.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your departments request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Related Objection 9

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The Triggers For A Substantial Premium Rate Increase table is not consistent with 14 VAC 5-200-185 D 3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10

Comments:

The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your departments request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Related Objection 10

Applies To:

- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)

Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 D 7.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State:	Virginia	**Filing Company:**	TIAA-CREF Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)		

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development
Sincerely,
Cherise Livingston

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/18/2019
Submitted Date	01/18/2019

Dear Bill Dismore,

Introduction:

Re:TIAA-CREF Life Insurance Company ("T-C Life")
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
SERFF #: META-130630165

Dear Mr. Dismore:

The answer to your objection letter dated January 17, 2019 is as follows:

Response 1

Comments:

This certification is not required for pre-stability policies.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Certifications found on pages 10-12 of the actuarial memorandum provide certification for the 63 insureds under the post-stability policies.

Please provide the actuarial certification for the pre-stability policies which includes a statement regarding future rate increases if the requested increase is granted.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development

Sincerely,
Robert Waldron

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/18/2019
Submitted Date	01/18/2019

Dear Bill Dismore,

Introduction:

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re:TIAA-CREF Life Insurance Company ("T-C Life")
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
SERFF #: META-130630165

Dear Mr. Dismore:

The answers to your questions from your response dated January 17, 2019 are as follows:

Response 1

Comments:

We respectfully disagree with the departments request to use the TC Life logo on the policyholder letter. We feel the letter should reflect the MetLife logo as we are the administrator for the business and it is MetLife that is requesting and ultimately implementing the rate increase.

Related Objection 1

Applies To:

- Endorsement, PHLTR-TCL-VA (Form)

Comments: In referencing 14VAC5-100-50 2 and since this policyholder notification letter is specific to business with TIAA-CREF Life Insurance Company and filed under their NAIC identification number , the TIAA-CREF logo must be prominently placed on the policyholder notification letter. The "MetLife" logo cannot be displayed in such a manner as to imply that another company is responsible for the obligations undertaken in the policy.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The Statement of Variability has been updated.

Related Objection 2

Applies To:

- Explanation of Variables_Policyholder Letter (Supporting Document)
- Endorsement, PHLTR-TCL-VA (Form)

Comments: Policyholder Notification Letter and Statement of Variability

In the second paragraph of the policyholder notification letter the last 2 sentences are bracketed. This needs to be added and explained on the Statement of Variability.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Explanation of Variables_Policyholder Letter
Comments:	Attached is the Explanation of Variables_Policyholder Letter
Attachment(s):	EOV_VA PH Letter.pdf
Previous Version	
Satisfied - Item:	*Explanation of Variables_Policyholder Letter*
Comments:	*Attached is the Explanation of Variables_Policyholder Letter*
Attachment(s):	*EOV_ VA PH Letter.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The SERFF changes have been made as requested.

Related Objection 3

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Applies To:

- TIAA Policyholder Increase Letter with LD Number (Supporting Document)

Comments: Please withdraw the previous "Endorsement - Policyholder Notification Letter" from the Form Schedule and replace it with the revised Policyholder Notification Letter of 1/17/2019.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development

Sincerely,
Robert Waldron

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/17/2019
Submitted Date	01/17/2019

Dear Bill Dismore,

Introduction:

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re:TIAA-CREF Life Insurance Company ("T-C Life")
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
SERFF #: META-130630165

Dear Mr. Dismore:

The answers to your questions from your response dated January 10, 2019 are as follows:

Response 1

Comments:

Objection 1
- Endorsement, PHLTR-TCL-VA (Form)
Comments: Policyholder Letter

1)Please remove the yellow highlights from the form letter and provide a clean copy.

RESPONSE: A clean copy of the policyholder letter has been provided. Please note that we have updated the second section of the letter (What you need to know) for consistency with the language changes made to the policyholder letters on our other open filings pending with your department.

2)Please provide the correct "Form Name" under the Form Schedule. The form name should be "Policyholder Notification Letter" instead of "Endorsement".

RESPONSE: The form name has been updated as requested.

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Related Objection 1

Applies To:

- Endorsement, PHLTR-TCL-VA (Form)

Comments: Policyholder Letter

1) Please remove the yellow highlights from the form letter and provide a clean copy.

2) Please provide the correct "Form Name" under the Form Schedule. The form name should be "Policyholder Notification Letter" instead of "Endorsement".

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	TIAA Policyholder Increase Letter with LD Number
Comments:	please see the attached revised TIAA Policyholder Increase Letter with LD Number
Attachment(s):	VA LTC04 TIAA PH Letter_revised.pdf
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter with LD Number*
Comments:	*please see the attached revised TIAA Policyholder Increase Letter with LD Number*
Attachment(s):	*VA LTC04 TIAA PH Letter_revised.pdf*
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter with LD Number*
Comments:	*please see the attached TIAA Policyholder Increase Letter with LD Number*
Attachment(s):	*VA LTC04 TIAA PH Letter_FINAL w LD.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Sincerely,
Robert Waldron

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2018
Submitted Date	12/13/2018

Dear Bill Dismore,

Introduction:

We are in receipt of your Objection December 13, 2018 in connection with the above-captioned submission.

Response 1

Comments:

Per your request, we have attached the Policyholder Letter to the Form Schedule and corrected the Percentage Rate Change Request to the Objection of December 13, 2018.

Related Objection 1

Comments: Rate/Rule Schedule

1. Please revise the "Percent Rate Change Request: from 41% to 73% as this is the amount of rate increase requested.

TIAA Policyholder Increase Letter with LD Number

2. Please move the policyholder increase letter from the Supporting Documentation tab to the Form Schedule tab since this letter has not been approved previously.

Changed Items:

No Supporting Documents changed.

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	TIAA_Rates_VA_CURRENT_with_73%Increase	TCL-LTC.04 (VA)Ed. 4/00	Revised	Previous State Filing Number: META-127150314 Percent Rate Change Request: 73	TIAA_LTC04_Rates_VA_CURRENT_with_73%Increase.pdf,	12/13/2018 By: Cherise Livingston
Previous Version						
1	*TIAA_Rates_VA_CURRENT_with_73%Increase*	*TCL-LTC.04 (VA)Ed. 4/00*	*Revised*	*Previous State Filing Number: META-127150314 Percent Rate Change Request: 41*	*TIAA_LTC04_Rates_VA_CURRENT_with_73%Increase.pdf,*	*09/12/2017 By: Robert Waldron*
Previous Version						
1	*TIAA_Rates_VA_CURRENT_with_73%Increase*	*TCL-LTC.04 (VA)Ed. 4/00*	*Revised*	*Previous State Filing Number: META-127150314 Percent Rate Change Request: 41*		*06/28/2016 By: Robert Waldron*

Conclusion:

Thank you for your attention to our filing.

Gina Jisonna
MetLife Long Term Care
Manager, Product Development
860-656-3809

Sincerely,
Cherise Livingston

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/07/2018
Submitted Date	12/07/2018

Dear Bill Dismore,

Introduction:

We are in receipt of your Objection October 31, 2018 in connection with the above-captioned submission.

Response 1

Comments:

Per your request, we have provided the Response Letter and the Supporting Documents to the Objection of October 31, 2018.

Related Objection 1

Applies To:

- *TIAA Policyholder Increase Letter with LD Number (Supporting Document)*

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Comments: 1) The policyholder notification letter must be written on the insurance company's letterhead. Metropolitan Life Insurance Company may be listed as the administrator on behalf of TIAA-CREF Life Insurance Company but cannot be as prominent.

2) The "MetLife" logo should be removed from the letter as it is not applicable as a trademark to TIAA-CREF Life Insurance Company

3) Since the policyholder notification letter and change request form are required to be filed for review, they should be moved under the Form Schedule" section. If the Company intends to use a previously approved policyholder letter form, please provide the SERFF tracking number for the approved letter.

4) Pursuant to 14VAC5-100-40 A 1 and 14VAC5-100-50 1, the policyholder notification letter is required to include a form number in the lower left-hand corner of the form that may consist of digits, letters or a combination of both that distinguishes it from all other forms used by the insurer. Please revise the form accordingly.

5) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

6) Please modify the letters to explain why anticipated claims are higher than expected. The drivers should be identified in language that anyone without an insurance background can easily understand in consumer-friendly language.

7) Please provide a sample of the "optional increase offer" communication referred to in paragraph 1, on page 2 in brackets. If this is an approved form, please provide the SERFF tracking number under which this form was approved. Please explain if this form is attached to the policy.

8) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

9) Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

10) Although the policyholder notification letter includes an explanation of the potential for future premium rate revisions as required by 14VAC5-200-75 A 2, it does not state the policyholder's options in the event of a premium rate revision. The letter should explain the potential for future premium rate revisions only for the applicable form(s) within this rate filing and not all long-term care forms currently active. All forms not applicable to this rate revision filing should be removed from the policyholder letter. Please revise the form accordingly.

11) Please update the statement of variability for the policyholder notification letter to reflect all revisions.

12) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

13) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

14) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.

15) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

11)

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter 12.7.18
Comments:	Attached is the Response Letter 12.7.18
Attachment(s):	T-C Life Response Letter VA 12-5-18.pdf

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Satisfied - Item:	Response Letter 12.7.18
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Satisfied - Item:	Policy Schedule
Comments:	Attached is the Policy Schedule
Attachment(s):	Policy Schedule-LTC.04 (template).pdf

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
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Satisfied - Item:	TCL-LTC.04
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Comments:	Attached is the TCL-LTC-CPI.04
Attachment(s):	TCL-LTC-CPI.04.pdf

Satisfied - Item:	Inflation COSMO Language
Comments:	Attached is the Inflation COSMO Language
Attachment(s):	TIAA Inflation 2019 template COSMO language_10.2018.pdf

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
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Attachment(s):	VA Coverage Change Form.pdf

Satisfied - Item:	Explanation of Variables_Coverage Change
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Attachment(s):	EOV_VA Coverage Change form.pdf

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Thank you for your attention to our filing.

Gina Jisonna
MetLife Long Term Care
Manager, Product Development
860-656-3809

Sincerely,
Cherise Livingston

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/25/2018
Submitted Date	09/25/2018

Dear Bill Dismore,

Introduction:

September 25, 2018

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re:TIAA-CREF Life Insurance Company ("T-C Life")
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
T-C Life NAIC Company No. is 60142
T-C Life FEIN is 13-3917848

Dear Mr. Dismore:

The answers to your questions from your response dated October 4, 2017 are as follows:

Response 1

Comments:

Please see the complete response on the Supporting Documentation tab due to character and formatting limitations here.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA TC-Life Objection Response 2017-03-28 (META-130630165)
Comments:	Please see the attached VA TC-Life Objection Response 2017-03-28 (META-130630165)
Attachment(s):	VA TC-Life Objection Response 2017-03-28 (META-130630165).pdf

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
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Supporting Document Schedule Item Changes	
Satisfied - Item:	VA TC-Life Objection Response 2017-03-28 (META-130630165)
Comments:	Please see the attached VA TC-Life Objection Response 2017-03-28 (META-130630165)
Attachment(s):	VA TC-Life Objection Response 2017-03-28 (META-130630165).pdf

Satisfied - Item:	T-C Life Response Letter VA 9-25-18
Comments:	please see the attached T-C Life Response Letter VA 9-25-18
Attachment(s):	T-C Life Response Letter VA 9-25-18.pdf

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Satisfied - Item:	VA TC-Life Objection Response 2017-03-28 (META-130630165)
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Satisfied - Item:	T-C Life Response Letter VA 9-25-18
Comments:	please see the attached T-C Life Response Letter VA 9-25-18
Attachment(s):	T-C Life Response Letter VA 9-25-18.pdf

Satisfied - Item:	VA (TC-Life-Rate) Obj Response 2017-10-04 -attachments
Comments:	please see the attached VA (TC-Life-Rate) Obj Response 2017-10-04 -attachments
Attachment(s):	VA (TC-Life-Rate) Obj Response 2017-10-04 -attachments.pdf

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
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Comments:	please see the attached VA (TC-Life-Rate) Obj Response 2017-10-04 -attachments
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Satisfied - Item:	Certification of Compliance
Comments:	please see the attached updated Certification of Compliance
Attachment(s):	VACERTFILING.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached Certification of Compliance*
Attachment(s):	*VACERTFILING.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached Certification of Compliance*
Attachment(s):	*VACERTFILING.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached TC Life Authorization*
Attachment(s):	*TC Life Authorization.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Robert Waldron

State:	Virginia	**Filing Company:**	TIAA-CREF Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Long Term Care Insurance		
Project Name/Number:	2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/12/2017
Submitted Date	09/12/2017

Dear Bill Dismore,

Introduction:

September 7, 2017

Mr. Toni Janoski
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re:Objection Letter Dated March 28, 2017
SERFF/STATE Tracking #: META-130630165
Company Tracking #: CT14-75 (TC LIFE-RATE) (RESUB1) RW

Dear Mr. Janoski:

Thank you for your response. Here are the answers to your objections dated March 28, 2017 & June 29, 2017:

Response 1

Comments:

The Certification of Compliance has been updated appropriately.

Related Objection 1

Applies To:

- Certification of Compliance (Supporting Document)

Comments: The certification of compliance attached to the filing is applicable to South Carolina. Please provide us with the certification of compliance required by 14 VAC 5-100-40 3.

Changed Items:

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	please see the attached Certification of Compliance
Attachment(s):	VACERTFILING.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached Certification of Compliance*
Attachment(s):	*VACERTFILING.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached TC Life Authorization*
Attachment(s):	*TC Life Authorization.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The Contingent Benefit Upon Lapse Rider has been included, per your request. However, as previously stated, this rider will not be issued. The LCUL Rider filed for your review will be issued as there is no age restriction, making it more beneficial to the insured as opposed to the more conservative CBUL.

Related Objection 2

Applies To:

- LCUL.04-TCL, LCUL.04-TCL (Form)

Comments: The Filing Description states LCUL.04-TCL LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to TCL-LTC.04 policyholders whose policies lapsed during the Election Period and whose policies do not include the Nonforfeiture Benefit Option Rider (Shortened Benefit Period). The Filing Description also states  In all other cases, we will automatically issue the policyholder LCUL. Note that if the policyholder qualifies for coverage under Contingent Benefit Upon Lapse, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse. Please provide us with a copy of the policy or rider form that describes the contingent benefit upon lapse.

Changed Items:

No Supporting Documents changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

A statement of variability has been included.

Related Objection 3

Applies To:

- LCUL.04-TCL, LCUL.04-TCL (Form)

Comments: The form contains variable text. While the variable fields are self-explanatory, we require a statement of variability that identifies each variable field appearing in the form and describe specifically how that field might vary from the text as presented.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	SOV_LCUL
Comments:	Please see the attached Statement of variability for the LCUL
Attachment(s):	SOV_LCUL.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Robert Waldron

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/12/2017
Submitted Date	09/12/2017

Dear Bill Dismore,

Introduction:

September 7, 2017

Mr. Toni Janoski
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re:Objection Letter Dated March 28, 2017
SERFF/STATE Tracking #: META-130630165
Company Tracking #: CT14-75 (TC LIFE-RATE) (RESUB1) RW

Dear Mr. Janoski:

Thank you for your response. Here are the answers to your objections dated March 28, 2017 & June 29, 2017:

Response 1

Comments:

The rates have been included in the rate/rule schedule.

Related Objection 1

Applies To:
- TIAA_Rates_VA_CURRENT_with_73%Increase, [TCL-LTC.04 (VA)Ed. 4/00] (Rate)

Comments: There are no rates filed for approval under the rate/rule schedule. Please amend.

Changed Items:

No Supporting Documents changed.

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	TIAA_Rates_VA_CURRENT_with_73%Increase	TCL-LTC.04 (VA)Ed. 4/00	Revised	Previous State Filing Number: META-127150314 Percent Rate Change Request: 41	TIAA_LTC04_Rates_VA_CURRENT_with_73%Increase.pdf,	09/12/2017 By: Robert Waldron
Previous Version						
1	*TIAA_Rates_VA_CURRENT_with_73%Increase*	*TCL-LTC.04 (VA)Ed. 4/00*	*Revised*	*Previous State Filing Number: META-127150314 Percent Rate Change Request: 41*		*06/28/2016 By: Robert Waldron*

Response 2

Comments:

Please see the revised actuarial memorandum.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: This rate increase is being requested on form TCL-LTC.04(VA). Please remove reference to any other forms from the actuarial memorandum.

Changed Items:

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The Long Term Care Insurance Rate Request Summary has been updated.

Related Objection 3

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please amend this document to include the correct SERFF filing number.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see the attached Rate Request Summary and narrative
Attachment(s):	Narrative for Rate Development.pdf VA-FilingRulesAttachment - T-C Life.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Please see the attached Rate Request Summary and narrative*
Attachment(s):	*VA-FilingRulesAttachment - T-C Life.pdf* *Narrative for Rate Development.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see Attachment 4. As most of this business was assumed, detailed assumptions for claim terminations and incidence rates used for pricing are not available, so the A/E on original pricing basis cannot be reproduced.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

Satisfied - Item:	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments
Comments:	Please see the attached VA MET04_TC-Life Objection Response 2017-03-28 - Attachments
Attachment(s):	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

The table below indicates the effect on rates by key assumption compared against original pricing.

Mortality0.0%
Lapse11.9%
Interest20.0%
Morbidity41.2%
Total73.1%

Related Objection 5

Applies To:
- L&H Actuarial Memorandum (Supporting Document)
Comments: Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to current.

Changed Items:

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Projections are calculated using the actuarial software MG·Triton (Triton) developed by Milliman to develop the premium and claim projections in Exhibit I of our rate filing. Triton projects policies on a seriatim basis. Capturing the details of the projections in Exhibit I in an Excel spreadsheet is not possible.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide sufficient detail so that all projections can be recreated. Please provide a copy of all projections in excel with working formulas.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see Attachment 7 for the summary of rate action requested on the subject policy forms nationwide. Note that our rate increase request is uniform for all states and is based on the nationwide experience because the benefits, underwriting, demographics and premiums are largely homogeneous across the entire block of business.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

Satisfied - Item:	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments
Comments:	Please see the attached VA MET04_TC-Life Objection Response 2017-03-28 - Attachments
Attachment(s):	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please see Attachment 2. The projections are reproduced based on expected pricing cash flow pattern as the detailed morbidity assumptions are not available. However, the results will not be materially different.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency, and premium scale, but uses the actual distribution of policies issued rather than the originally assumed mix of business.

Changed Items:

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

Satisfied - Item:	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments
Comments:	Please see the attached VA MET04_TC-Life Objection Response 2017-03-28 - Attachments
Attachment(s):	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

Please see Exhibit I(a) and I(b) in the attached revised actuarial memorandum.

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Pleased provide the Nationwide Projections with the increase on form LTC.04 only, both for pre and post.

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*please see the attached ACT Memo*
Attachment(s):	*VA - ActMemo_2015_Rate_Stability.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Sincerely,
Robert Waldron

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/07/2016
Submitted Date	07/07/2016

Dear Bill Dismore,

Introduction:

Response 1

Comments:

Please note the for schedule has been updated

Related Objection 1

Applies To:

- LCUL(04)-TCL, LCUL(04)-TCL (Form)

Comments: Form number LCUL.04-TCL is inconsistent with the form number identified in the Form Schedule. Please advise which form number is correct. If the form number appearing in the lower left-hand corner on the first page of the form is correct, please revise the Form Schedule to display the correct form number. If the Form Schedule is correct, please provide us with a revised form.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LCUL.04-TCL	LCUL.04-TCL	POLA	Initial		52.000	LCUL(04)-TCL (4-22-11).pdf	Date Submitted: 07/07/2016 By: Robert Waldron
Previous Version								
1	*LCUL(04)-TCL*	*LCUL(04)-TCL*	*POLA*	*Initial*		*52.000*	*LCUL(04)-TCL (4-22-11).pdf*	*Date Submitted: 06/28/2016 By: Robert Waldron*

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** TIAA-CREF Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)

Response 2

Comments:

please see the corrected Certification of Compliance

Related Objection 2

Applies To:

- Certification of Compliance (Supporting Document)

Comments: The certification of compliance required by 14 VAC 5-100-40 3 was not attached to the filing. Please provide this certification upon resubmission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	please see the attached Certification of Compliance
Attachment(s):	VACERTFILING.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	*please see the attached TC Life Authorization*
Attachment(s):	*TC Life Authorization.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your attention to our filing

Sincerely,

Robert Waldron

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Amendment Letter

Submitted Date: 10/30/2019
Comments:
Good Afternoon,

We have revised and attached the following documents below under the corresponding Tabs.

Please let us know if anything additional would be required to assist in your review of this filing.

Thank you for your attention to our filing.

Gina Jisonna
MetLife Long Term Care
Manager, Product Development
860-656-3809
Changed Items:

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	PHLTR-TCL-VA	POLA	Initial		45.000	DRAFT_TC LIFE indem_VA LTC04 PH Letter_CLEAN 10-3-19.pdf	Date Submitted: 10/30/2019 By:
Previous Version								
1	*Endorsement*	*PHLTR-TCL-VA*	*POLA*	*Initial*		*49.000*	*VA LTC04 TIAA PH Letter_revised.pdf*	*Date Submitted: 03/13/2019 By: Cherise Livingston*
Previous Version								
1	*Endorsement*	*PHLTR-TCL-VA*	*POLA*	*Initial*		*49.000*	*VA LTC04 TIAA PH Letter_revised.pdf*	*Date Submitted: 12/13/2018 By: Cherise Livingston*
2	Coverage Change Form	COVCHG-TCL-VA	OTH	Initial		56.000	VA TCLife_Coverage Change Form_CLEAN 10-3-19.pdf	Date Submitted: 10/30/2019 By:
3	Explanation of Variables-Policyholder Letter	PHLTR-TCL-VA	OTH	Initial		42.000	EOV_VA PH Letter.pdf	Date Submitted: 10/30/2019 By:
4	Explanation of Variables-Coverage Change Form	COVCHG-TCL-VA	OTH	Initial		41.000	EOV_VA Coverage Change form.pdf	Date Submitted: 10/30/2019 By:

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Explanation of Variables_Coverage Change-Moved to Form Schedule
Comments:	Moved to the Form Schedule Tab
Attachment(s):	
Previous Version	
Satisfied - Item:	*Explanation of Variables_Coverage Change*
Comments:	*Attached is the Explanation of Variables_Coverage Change*
Attachment(s):	*EOV_ VA Coverage Change form.pdf*

Satisfied - Item:	Explanation of Variables_Policyholder Letter-Moved to Form Schedule
Comments:	Moved to the Form Schedule Tab
Attachment(s):	
Previous Version	
Satisfied - Item:	*Explanation of Variables_Policyholder Letter*
Comments:	*Attached is the Explanation of Variables_Policyholder Letter*
Attachment(s):	*EOV_ VA PH Letter.pdf*
Previous Version	
Satisfied - Item:	*Explanation of Variables_Policyholder Letter*
Comments:	*Attached is the Explanation of Variables_Policyholder Letter*
Attachment(s):	*EOV_ VA PH Letter.pdf*

Satisfied - Item:	Policyholder Letter-REDLINE Version
Comments:	Please see the attached Policyholder Letter-REDLINE Version.
Attachment(s):	DRAFT TCLIFE indem_VA PH Ltr_REDLINED 10-3-19.pdf

Satisfied - Item:	Shared Care Benefit Rider
Comments:	Please see the attached Shared Care Benefit Rider.
Attachment(s):	TCL-LTC-SCA.04.pdf

Satisfied - Item:	Survivor Waiver Rider
Comments:	Please see the attached Survivor Waiver Rider.
Attachment(s):	TCL-LTC-SW.04.pdf

Satisfied - Item:	Coverage Change Form-REDLINE Version

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Comments:	Please see the attached Coverage Change Form-REDLINE Version.
Attachment(s):	VA TCLife_Cov Change Form_REDLINE 10-3-19.pdf
Previous Version	
Satisfied - Item:	*Coverage Change Form Landing Spots*
Comments:	*Attached is the Coverage Change Form*
Attachment(s):	*VA Coverage Change Form.pdf*

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Amendment Letter

Submitted Date: 02/20/2019

Comments:

Please see the revised policyholder letter

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	TIAA Policyholder Increase Letter
Comments:	please see the attached revised TIAA Policyholder Increase Letter
Attachment(s):	VA LTC04 TIAA PH Letter_revised.pdf
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter with LD Number*
Comments:	*please see the attached revised TIAA Policyholder Increase Letter with LD Number*
Attachment(s):	*VA LTC04 TIAA PH Letter_revised.pdf*
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter with LD Number*
Comments:	*please see the attached revised TIAA Policyholder Increase Letter with LD Number*
Attachment(s):	*VA LTC04 TIAA PH Letter_revised.pdf*
Previous Version	
Satisfied - Item:	*TIAA Policyholder Increase Letter with LD Number*
Comments:	*please see the attached TIAA Policyholder Increase Letter with LD Number*
Attachment(s):	*VA LTC04 TIAA PH Letter_FINAL w LD.pdf*

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Note To Filer

Created By:

Bill Dismore on 08/21/2019 12:34 PM

Last Edited By:

Bill Dismore

Submitted On:

08/21/2019 12:36 PM

Subject:

Extension Granted To 8/29/2019

Comments:

Per your request, an extension to respond to objections has been extended to 8/29/2019.

Kind regards,

Bill Dismore

Note To Reviewer

Created By:

Cory Johnson on 08/21/2019 09:26 AM

Last Edited By:

Cory Johnson

Submitted On:

08/21/2019 09:26 AM

Subject:

Request for an extension

Comments:

We are in the process of researching our response and would greatly appreciate an extension on your first objection in the due date for our response until August 29, 2019.

Please let us know if anything additional would be required to grant this request.

Thank you for your attention to our filing.

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Note To Filer

Created By:

Bill Dismore on 01/17/2019 01:29 PM

Last Edited By:

Bill Dismore

Submitted On:

01/17/2019 01:29 PM

Subject:

Actuarial Certification

Comments:

We apologize for this objection asking for an actuarial certification on the pre-stability policies. This is not required under 14VAC5-200-150 F. 7.

Please respond to the objection with a simple statement that this certification is not required for pre-stability policies.

Thank you,

Reviewer Note

Created By:

Bill Dismore on 11/19/2019 02:44 PM

Last Edited By:

Bill Dismore

Submitted On:

11/19/2019 02:44 PM

Subject:

Actuarial Final Summary Report

Comments:

10/11/2018 - Final Summary Report received.

ACTUARIAL RESOURCES CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

October 11, 2018

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **Long Term Care Rate Increase Report**
SERFF Tracking #META-130630165

At the request of the Virginia SCC Bureau of Insurance (the "Bureau"), I have reviewed the filing for the above captioned submission from **TIAA-CREF Life Insurance Company** (the "Company"). This is a rate increase filing for a block of Individual Long Term Care Insurance.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200 et seq. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, I believe that the Company has demonstrated that the request is in compliance with all applicable regulations and recommend that the Bureau approve the rate increase as proposed.

Historical Background

These forms were issued in Virginia from 2002 through 2004 and I have reviewed according to the requirements of 14VAC5-200-150 and 14VAC5-200-153.

As of 12/31/2015, there were 107 insureds with $198K premium in force in Virginia, and 9,621 insureds with annual premiums of $20.8M nationwide, making Virginia's block approximately 1.0% of the total.

The Company has previously submitted two rate increase requests that were ultimately disapproved by the Bureau in 2014 and 2016. The Company is currently requesting a rate increase of 73%.

The Company presents the following rationale for this increase: "*MetLife monitors the performance of the business by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The*

findings from these analyses were used to determine the current experience assumptions. The past experience and future projections based on current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements."

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

Assumptions

Morbidity – The current morbidity assumptions are based on Company experience through June 2014. The original assumptions were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications at the time of original pricing.

The A/E based on the revised assumptions is about 103% for incidence and 96% for terminations. This data is unavailable under original assumptions since this is an assumed block and original morbidity assumptions are unavailable at the level of detail required to make this calculation.

One often-referenced industry basis for measuring credibility is the June 12, 2003 letter from the American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which recommended a "Rule of Thumb" standard for full credibility of incidence rates of 1,082 claims (within 5% of the true claims with 90% confidence). The letter also reports that the standard for aggregate loss is a multiple of the standard for incidence, in the range of 3 to 5 times (3,246 to 5,410 claims). The Company's experience data included over 43,000 claims, giving the data full credibility based on the standard above.

Mortality – The mortality is set at 82% of the Annuity 2000 Basic Table with selection factors. The original assumption was based on a proprietary TIAA mortality table. The current mortality produces an A/E ratio of 91% versus 58% under original assumptions.

Voluntary Lapse –The current lapse assumptions are based on Company experience and fit reasonably well with the actual historical experience. The ultimate lapse rate is 0.7% at durations 6+. The original ultimate assumption varied from 1.0% to 2.0% by issue age, except for 0% for issue ages 87+. In the year of rate increase implementation, it is assumed that an additional 0.5% of policies lapse and there is 5.5% net reduction to

future premiums and benefits due to benefit downgrades. There is no adverse selection assumed due to the additional lapse rates. The A/E vs. current assumptions is 98%.

Interest – the average valuation interest rate of 4.5% is used for discounting the projections.

Projections

The Virginia-only business is not credible on its own, so my analysis is based on the nationwide loss ratio projections as of 12/31/2016.

Loss Ratios

	No Increase		With Increase	
Scenario	Future LR*	Lifetime LR	Future LR*	Lifetime LR
Pre-stability		124.0%		109.0%
Post-stability		119.4%		102.9%
Total	192.2%		124.6%	

* after deducting ALR

In Attachment 2 submitted by the Company, the lifetime loss ratio in the original filing was 72% using actual sales. However, this exhibit used the original interest rate at the time of pricing (5.75%) so I used the data in that exhibit to recalculate at 4.5% to match the interest rate in the current projection, resulting in an original loss ratio of 82.4%. With a cumulative increase of 73%, I don't believe that CBUL is triggered, and therefore the Company is not required to use the higher rate for the post-stability block. But for informational purposes, I included this stricter test, which would still pass as shown in the final row of the chart.

Dual Loss Ratio Tests

Scenario	Test	Minimum Claims	Projected Incurred Claims	Pass/Fail
Pre-stability	82.4/82.4	396.3 M	524.3 M	PASS
Post-stability	58/85	45.9 M	76.7 M	PASS
Post-stability	82.4/85	61.6 M	76.7 M	PASS

State Rate Equity

From the data submitted on 9/12/2018, the average cumulative rate increase with approvals to date is 49.8%. The Company is actively pursuing rate increases in each state to bring the cumulative rate increase up to 73% nationwide. Because of this strategy, I do not recommend reducing the request based on this data.

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,

Shawn D. Parks, FSA, MAAA

Reviewer Note

Created By:

Bill Dismore on 11/05/2019 08:07 AM

Last Edited By:

Bill Dismore

Submitted On:

11/19/2019 02:44 PM

Subject:

Call to Discuss Letter; EOV; Coverage Change Form & Rider

Comments:

11/04/19 - Call placed with Gina Jisonna (860) 656-3809 - left voicemail. Wanted to discuss minor changes to EOV, PH Notice letter, Coverage Change Form.

11/05/19: No call back from Company - sent objection letter.

Reviewer Note

Created By:

Bill Dismore on 11/04/2019 06:53 AM

Last Edited By:

Bill Dismore

Submitted On:

11/19/2019 02:44 PM

Subject:

TCL-LTC-CNF (VA) Form

Comments:

Per Elsie Andy:
"This is a follow-up to our earlier discussion. As you may recall form TCL-LTC-CNF is attached to the Form Schedule and I was concerned because the form is not in final print. The company explained in their 3/13/19 Response Letter that: 1) they attached the form at our request; 2) the form was previously approved, and 3) they no longer used the form. I told Bill that I would check the status of the form and get back with him. And now I know why the form looked familiar to me. We questioned the company when the form was approved because we had no record of that form in Crystal or SERFF; however, I found form TCL-LTC-CNF(VA) approved on 11/20/02. The approval date is consistent with the information provided in their 8/21/19 Response Letter. In essence they provided us with a similar form but not the exact one approved by us.

We agree that the form should be removed and attached as supporting documentation. We may want to let them know that they provided the wrong form and we may want to ask if TCL-LTC-CNF was ever issued in Virginia; but that is up for discussion. The form is no longer being used in Virginia. I am not sure of the value of pursuing this any further after it is removed from the Form Schedule. If the form was necessary to support the filing, do you think we need to get them to attach the VA version?"

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Reviewer Note

Created By:

Bill Dismore on 10/11/2019 02:39 PM

Last Edited By:

Bill Dismore

Submitted On:

11/19/2019 02:44 PM

Subject:

Mgmt Review of PN Letter & Coverage Change Form

Comments:

10/11/2019 - review completed on latest round of PN Letter and Coverage Change Form and the accompanying S.O.V.'s. Sent email to Gina Jisonna with list of items, comments and suggestions.

MetLife/TIAA-CREF PH Letter Review (META-130630105 & META-130630165)

Policyholder Notification Letter – Virginia

- Page Two, "2. Reduce your coverage:", 2nd bullet "[Reduce your Lifetime Benefit Maximum…" should not have a second bracket at the end of the second sentence after [$$$]/[mode].

Statement of Variability – Policyholder Letter

- For future reference, it would ease the review process if the Statement of Variability items were numbered or lettered for cross reference and communication purposes.
- Please provide a general explanation in the Statement of Variability regarding insert instructions.
- 4th bullet should remove "73" and replace with "XX" to be consistent with the letter
- Section "2. Reduce your coverage:"
    - The variability for the second bullet starts with, "[Reduce your Lifetime Benefit Maximum…." and ends with "[mode]". Please explain if the second bracket is necessary of if that bracket should be remove so that this section includes the two sentences that follow and begins with, "(Please note …" and ending with "….identical coverage.)]"
    - We are confused by the statement that the Lifetime Benefit Maximum above does not reflect claims paid or payable when the statement above refers to # of years rather than a dollar Lifetime Benefit Maximum. Can this be explained, or the statement clarified so that the policyholder better understands the company's intention?
    - The sentence also refers to "certain optional riders". Which riders? The BOI request that copies of the applicable riders should be labeled and placed under the Supporting Documentation tab.
- Section 3. Cancel your coverage:
    - 2nd paragraph under section 3. Cancel Your Coverage is not consistent with the explanation of variability. A suggestion to improve the variability instruction would read, "Under the section, **Cancel Your Coverage:** The [xx-xx-xxxx] will be 30 days from the date of the policyholder letter."
    - Please explain how the last sentence of the second insertion option for Nonforfeiture SBP, "(Please note that this limited coverage is not intended to replace coverage you currently have.) is applicable. Isn't the selection of the Nonforfeiture SBP replacing coverage that the policyholder currently has?

Coverage Change Form

- Please provide a general explanation in the Statement of Variability regarding insert instructions.
- Under the sections "Include this selection for insureds: **with <u>no</u>** Nonforfeiture: and **with** Nonforfeiture (**<u>Shortened Benefit Period)</u>**: the bracket at the beginning of the first sentence in

each section should be moved to the left of the "check box" to be consistent with similar options under the **Coverage Decrease Options** section.

- TIAA-CREF Coverage Change Form is missing and ending variability bracket. Please add bracket to end of "[Insert if no decrease options are provided:"

Statement of Variability – Coverage Change Form

- 4th bullet, Coverage Decrease Options, the third hollow bullet, the words, "The above" should be changed to "□ Other" for consistency with the form wording.
- 4th bullet, Coverage Decrease Options, the third hollow bullet, does not clearly state that the option may be removed.
- 5th bullet, the text "Insert for insureds who are not provided decrease options" is inconsistent with the language that appear on the form, "[**Insert if no decrease options are provided:**]

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Reviewer Note

Created By:

Bill Dismore on 07/18/2019 06:36 AM

Last Edited By:

Bill Dismore

Submitted On:

07/19/2019 01:43 PM

Subject:

VALR for LTCI Filings

Comments:

Comments and status from the VA BOI's review MetLife's resistance to recalculate the policy reserve.

From:	Bob Grissom
To:	Bill Dismore; Elsie Andy
Cc:	Greg Smith
Subject:	FW: MetLife comments re: VALR for LTCI filings
Date:	Wednesday, July 17, 2019 7:18:44 PM
Attachments:	MetLife comments regarding VALR.pdf

I know that Greg is out until Monday, but let me know if either of you have any questions or suggestions regarding the below.

Alison, we've now completed our review of the attached, in which the company questioned the Bureau of Insurance's use of the active life reserves in the determination of the future loss ratio for long term care rate increases. Two different consulting actuaries were requested to review the company's arguments and provide their opinions. Both consultants continue to agree with the original analysis that led to this requirement and do not agree with the company's overall argument that any inclusion of policy reserves in the future loss ratio calculation is unreasonable.

Previously the company was given the opportunity to recalculate the policy reserve but, unless it's been overlooked, the company declined to do so; presumably on the grounds that they were constrained by New York Life law. While we understand this for reporting purposes, nothing prevents the company from doing this for the purposes of this calculation. Therefore, if the company so chooses, it may submit the active life reserve that would have been held for the actual cohort of policies inforce on the projection date (12/31/2015) using reserve assumptions without margins for conservatism; i.e., original pricing mortality, original pricing morbidity, original pricing persistency, and average valuation interest rate. If the company decides to do so, this value should be provided separately for pre-stability and post-stability cohorts.

In the next couple of weeks we'll be reviewing all of the pending forms and rates. So, if it's decided to provide the revised active life reserves as noted above, then please do so as soon as possible.

Also, preliminary reviews continue to indicate concerns with some of the policyholder notification letters. The biggest issue continues to be compliance with 14VAC5-100-50 2, included below, although concerns with 14VAC5-200-75 D have been noted and some statements of variability appear to be incomplete.

14VAC5-100-50 2

The full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ 38.2-316 and 38.2-3725 of the Code of Virginia. The use of a trade name or the name of an affiliated company on a policy form in such a way that implies that another company is responsible for the obligations undertaken in the policy is prohibited. The inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual

insurer is responsible for the obligations undertaken in the policy. The home office address of the insurer must prominently appear on each policy. Such address may be limited to a designation of the city and state in which the home office of the company is located.

Unless additional or updated information is received, we'll provide a summary of our reviews of each filing within the next two weeks.

Bob Grissom
Chief Insurance Market Examiner
Market Regulation
Virginia Bureau of Insurance
804-371-9152

From: Kelly, Alison <alison.kelly@metlife.com>
Sent: Thursday, May 16, 2019 4:28 PM
To: Scott White <Scott.White@scc.virginia.gov>
Cc: Bob Grissom <Bob.Grissom@scc.virginia.gov>
Subject: MetLife comments re: VALR for LTCI filings

Dear Commissioner White,

Attached for your consideration, please find a summary prepared by MetLife of the Virginia Bureau's interpretation and application of the NAIC model regulation for Long-Term Care Insurance (LTCI). Specifically, we discuss the Bureau's inclusion of policy reserves in calculating the Virginia anticipated loss ratio and our concerns with this approach. We do not believe this issue is ripe for the upcoming LTCI hearing on May 21, 2019. However, we wanted to share this information as you give thought to next steps on LTCI generally. We welcome a discussion on this topic as well as our pending LTCI filings with you and any members of your team you wish to include. Please let me know if you have any questions and whether you are open to further discussion with us on this matter. Thank you for your time and attention.

Regards,
Alison

Alison Kelly | Assistant Vice President | State Advocacy & Supervision | MetLife
200 Park Avenue, New York, NY 10166 | T. 212-578-7911 | M. 347-334-2261 |
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EXECUTIVE SUMMARY

The Virginia Bureau of Insurance has adopted the NAIC model regulations for Long Term Care Insurance. Those regulations include the following language:

> "In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:
>
> …
>
> 11. Policy reserves;"

Virginia's interpretation and application of this language in evaluating applications for inforce rate increases is unique to our knowledge.

The standard for evaluation of rate increases is compliance with the minimum lifetime loss ratio (LLR) which is typically defined as the present value of all past and future claims divided by all past and future premiums. No other parameters are included such as expenses, capital, profits or policy reserves.

Virginia has required carriers calculate and provide a "Virginia anticipated loss ratio" (VALR) which (1) ignores history and depends only on the projected future premium and claims and (2) includes a reduction for the current policy reserves.

Both of these items materially distort the analysis that leads to a non-level playing field amongst carriers and their policyholders. Effectively, carriers with more conservative (higher) reserves will have lower approvals and carriers with more aggressive reserves (lower) will receive higher approvals. This effectively rewards carriers (and punishes consumers) who have the lowest reserves. This practice also incentivizes behavior such as attempts to game reserve allocations or even take on balance sheet risks – neither of which is in anyone's interest. Virginia's approach is also highly leveraged because it spreads experience deviations over the policies' future lifetime, not their entire lifetime.

Using the standard metric of the LLR is the most equitable and transparent method for analyzing rate increases.

NUMERICAL EXAMPLES

- Three companies all used the same original pricing projections and targeted a 60% pricing loss ratio.

	Original Pricing		
	Premium	Claims	PLLR
Past	$3,400	$300	
Future	$1,100	$2,400	
Lifetime	$4,500	$2,700	**60%**

- These companies now seek a rate increase in Virginia (based on VALR) and other states (based on PLLR).

- Company A reflects actual experience and utilizes projections based on new assumptions.

COMPANY A	Premium	Claims	PLLR	Reserves	VALR	Increase per VALR	Increase per PLLR
Past	$3,500	$400					
Current				$3,200	**92%**	**54%**	**67%**
Future	$1,300	$4,400				$700	$867
Lifetime	$4,800	$4,800	**100%**				

- Company B has experience & projections identical to Company A, but it has 10% lower reserves.

COMPANY B	Premium	Claims	PLLR	Reserves	VALR	Increase per VALR	Increase per PLLR
Past	$3,500	$400					
Current				$2,880	**117%**	**95%**	**67%**
Future	$1,300	$4,400				$1,233	$867
Lifetime	$4,800	$4,800	**100%**				

- Company C has different experience & projections than Company A, but it has an identical PLLR.

COMPANY C	Premium	Claims	PLLR	Reserves	VALR	Increase per VALR	Increase per PLLR
Past	$3,600	$200					
Current				$3,200	**118%**	**97%**	**67%**
Future	$1,100	$4,500				$1,261	$867
Lifetime	$4,700	$4,700	**100%**				

- The PLLR for all companies is identical, resulting in a 67% rate increase in most states. However, even though the reserve difference between company A and company B is small, Virginia's approach gives company B a 95% higher rate increase, much higher than company A. Even though the premium and claim differences between company A and company C are also small, Virginia's approach gives company C a 97% higher rate increase, also much higher than A.

DOCUMENT

When reviewing LTCI rate increase requests on pre-rate-stability business, Virginia has required carriers calculate and provide a "Virginia anticipated loss ratio" (VALR), which presumably helps determine how much rate increase, if any, can be approved. While this metric has some similarities to the projected lifetime loss ratio (PLLR) used in other states, there are significant differences – (1) the VALR depends only on the projected future premium and claims, whereas the PLLR also includes the block's historical premium and claims, and (2) the VALR metric includes a reduction that varies based on the current policy reserves.

MetLife has concerns with using the VALR instead of the PLLR for LTCI rate increase analysis:

A) **The PLLR metric is well established and understood**. This metric is used by other states that have adopted statutes and regulations similar to Virginia. Depending on the circumstances, the VALR may be lower or higher than the PLLR. However, using the VALR is concerning because it is different from the approach used by other states, complicating a carrier's approach to rate increases in a way that does not seem helpful to carriers, Virginia consumers in Virginia, or consumers in other states. Encouraging carriers to request lower or higher rate increases in Virginia than in other states is inappropriate. So is encouraging carriers to request increases in Virginia when they are not requesting increases in other states – or vice versa. Most carriers manage their LTCI blocks on a nationwide basis, but Virginia's approach forces carriers to make entirely different rate analyses and business decisions for Virginia.

B) **Using policy reserves in the VALR leads to counterintuitive outcomes.** For instance, when a 60% VALR metric is targeted, every additional $1 of policy reserves translates into a rate increase that is $1.67 smaller in present value (and every reduction of $1 to policy reserves translates into a rate increase that is $1.67 larger in present value). This creates inequitable treatment and illogical incentives from both a rate increase perspective and a reserving perspective. Virginia's approach encourages carriers to search for blocks with low policy reserves on which to request rate increases, in order to offset the blocks with higher policy reserves on which Virginia will cut back or reject requests.

C) **Statutory reserve margins further distort the VALR formula**. Carriers include such margins in base policy reserve assumptions to provide for adverse deviation. As a result, the VALR is expected to go below the pricing loss ratio in the very early policy years even for carriers with no such adverse deviation. By the time rate increases are typically requested, their VALR will have dropped significantly and the margins in their reserves will have grown very large in dollar terms. Thus, the VALR formula is a misleading metric for describing a single carrier's financial experience over time.

D) Virginia's approach is highly leveraged. When experience projections evolve and when the impact of reserves, including reserve margins, is considered, the impact on the VALR is usually significantly larger than the impact on the PLLR.

This outcome results directly from Virginia's use of a loss ratio based on future premium and not all lifetime premium

E) **Carriers with similar premium and claim experience should not be treated differently by Virginia simply due to differences in current policy reserves.** Using the policy reserves in the VALR is unfair when applied across a broad array of carriers. For instance:

- **Carriers have different policy reserve assumptions based on their unique philosophies.** As an example, regulations for LTCI reserves usually do not explicitly specify the morbidity basis, so valuation actuaries often determine a margin for conservatism that they apply to pricing assumptions. Carriers who hold policy reserves based on aggressive assumptions should not be rewarded with higher rate increase approvals. Because conservative reserves are generally beneficial to consumers, carriers who choose to fund reserves conservatively should not be penalized. These unintended results are not useful.
- **Carriers have policy reserves that are regulated by their state of domicile.** States often dictates specific levels of conservatism for reserve assumptions, so the VALR does not provide a "level playing field" between carriers from different states. Carriers who are required by law to hold a larger policy reserve due to external reserve requirements should not be penalized, and that penalty should not become exponentially larger as the level of conservatism increases. These unintended results are unfair.
- **Carriers combine contracts differently for reserving purposes than for pricing purposes.** Unlike rate increase requests, statutory reserve regulations and appointed actuary opinions generally apply to an entire statutory entity or a specific line of business. While the exact dividing point for contract groupings varies from company to company, rate increase requests are generally applied at a lower level, such as a specific policy form. Virginia mandates a level even lower when requiring carriers to make rate increase requests for pre-rate-stability and post-rate-stability business in separate rate filings. Furthermore, Virginia requests VALR calculations for both the entire nation and for Virginia policyholders, but most reserve analyses and opinions cover all policyholders nationwide.
- **Reserves from asset adequacy testing introduce more concerns.** Many LTCI carriers have established such reserves in addition to base reserves. Since the specific margins required under tested scenarios are mandated by each state of domicile and are also impacted by the appointed actuary's opinion, concerns about base reserves apply to any asset adequacy reserves included in the VALR also. In addition, the level of asset adequacy reserves can depend on the aggregation of multiple lines of business. Also, carriers that establish asset adequacy reserves before requesting a rate increase from Virginia will be unfairly treated versus those that first request the rate increase. Finally, carriers that changing base policy reserve assumptions as a result of asset adequacy concerns would be even further disadvantaged –

since base reserves automatically grow over time – compared to those that establish a separately identifiable asset adequacy reserve.

F) **Experience deviations affect the VALR quite differently than the PLLR; this causes unintended inequities when using the VALR to evaluate rate increase requests.** For LTCI, many assumptions are used and experience deviating from original assumptions will emerge over a long period of time, with the timing of such deviation varying dramatically for different assumptions. Regardless of when the experience deviates or which assumption is affected, the PLLR measures the impact of deviations similarly - in the context of a lifetime loss ratio.

- **The VALR does not treat experience deviations for different assumptions (i.e., claim cost, persistency) similarly.** When lapse and mortality experience emerges worse than assumed, higher policy reserves are held since they automatically increase to reflect the number of inforce lives is greater than expected. On the other hand, unfavorable morbidity developments have a greater impact on future claims than on past claims, and often do not impact base policy reserves at all. Unlike the PLLR, the VALR does not treat these losses similarly.
- **The impact of experience deviations on the VALR also depends on when those deviations are recognized.** As policies mature, experience emerges and carriers revise their assumptions about the future. Since the VALR considers only future premium and claims, assumption revisions recognized later in time generate a larger rate increase percentage. PLLR revisions are less affected by timing, because it considers the entire lifetime of the policies.
- **The combination of many different assumptions that can deviate at many different points in time creates a variety of circumstances that the VALR does not treat reasonably and fairly.** Consider a carrier that initially has favorable lapse experience and unfavorable morbidity, so that these deviations offset from a lifetime (PLLR) perspective. While other states grant no increase, Virginia looks favorably on an increase since the policy reserves are lower than expected. Alternatively, consider a carrier that initially has unfavorable lapse experience and favorable morbidity that offset over the lifetime, but the policy reserves are higher than expected. Should the morbidity later revert to original expectations (or even worse), the high reserves unreasonably limit the Virginia rate increase.
- **Even when actual claim costs do not vary from expected, deviations in lapse and mortality can produce unintended VALR results.** Consider a carrier that initially experiences favorable lapse rates, and thus holds lower policy reserves than expected. Yet the deviation is expected to affect only early policy durations, so the assumed ultimate lapse remains unchanged. IF they also have reduced their mortality assumption since pricing in a way that offsets the initial lapse experience over the entire lifetime, their PLLR would remain unchanged. In this situation, most states would reject a rate increase request, but the low current reserves will drive up the VALR and would more likely lead to a Virginia approval.

14VAC5-200-150. Premium Rate Increases for Policies Issued Before October 1, 2003.

A. This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.

B. Benefits under long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule

plus:

(i) 80% applied to any premium rate increase for individual policy forms
or
(ii) 75% applied to any premium rate increase on group policy forms.

In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:

1. Statistical credibility of incurred claims experience and earned premiums;

2. The period for which rates are computed to provide coverage;

3. Experienced and projected trends;

4. Concentration of experience within early policy duration;

5. Expected claim fluctuation;

6. Experience refunds, adjustments or dividends;

7. Renewability features;

8. All appropriate expense factors;

9. Interest;

10. Experimental nature of the coverage;

11. Policy reserves;

12. Mix of business by risk classification; and

13. Product features such as long elimination periods, high deductibles and high maximum limits.

Notwithstanding the provisions of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.

14VAC5-130-40. Definitions.

- "Anticipated loss ratio" means the ratio of the present value of the future benefits to the present value of the future premiums of a policy form over the entire period for which rates are computed to provide coverage.

From: Kelly, Alison
To: Bob Grissom
Cc: Bill Dismore; Greg Smith; Elsie Andy
Subject: Re: MetLife comments re: VALR for LTCI filings
Date: Friday, July 19, 2019 2:21:10 PM

Hi Bob,

Thank you so much for following up with the write up. I will share it internally and reach out with our response next week. We are very appreciative of the Bureau's continued willingness to work with us on these filings. Enjoy your weekend!

Thanks,
Alison

On Jul 19, 2019, at 2:02 PM, Bob Grissom <Bob.Grissom@scc.virginia.gov> wrote:

> Alison, as we discussed this morning, we've completed our review of the attached. Two different consulting actuaries were requested to review the company's arguments and provide their opinions. Both consultants continue to agree with the original analysis that led to this requirement and do not agree with the company's overall argument that any inclusion of policy reserves in the future loss ratio calculation is unreasonable.
>
> To address the issue of conservatism, the company was previously given the opportunity to recalculate the policy reserve, but, unless it's been overlooked, the company declined to do so; presumably on the grounds that they were constrained by New York Life law. While we understand this for reporting purposes, nothing prevents the company from doing this for the purposes of this calculation. Therefore, if the company so chooses, it may submit the active life reserve that would have been held for the actual cohort of policies inforce on the projection date (12/31/2015) using reserve assumptions without margins for conservatism; i.e., original pricing mortality, original pricing morbidity, original pricing persistency, and average valuation interest rate. If the company decides to do so, this value should be provided separately for pre-stability and post-stability cohorts. In the next couple of weeks we'll be reviewing all of the pending forms and rates and will let you know what, if any, objections remain. So, if it's decided to provide the revised active life reserves as noted above, please do so as soon as possible.
>
> Also, preliminary reviews continue to indicate concerns with some of the policyholder notification letters. The biggest issue continues to be compliance with 14VAC5-100-50 2, included below, although concerns with 14VAC5-200-75 D have been noted and some statements of variability appear to be incomplete.
>
> *14VAC5-100-50 2*

The full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ 38.2-316 and 38.2-3725 of the Code of Virginia. The use of a trade name or the name of an affiliated company on a policy form in such a way that implies that another company is responsible for the obligations undertaken in the policy is prohibited. The inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual insurer is responsible for the obligations undertaken in the policy. The home office address of the insurer must prominently appear on each policy. Such address may be limited to a designation of the city and state in which the home office of the company is located.

Unless additional or updated information is received, we'll provide a summary of our reviews of each filing within the next two weeks.

Bob Grissom
Chief Insurance Market Examiner
Market Regulation
Virginia Bureau of Insurance
804-371-9152

From: Kelly, Alison <alison.kelly@metlife.com>
Sent: Thursday, May 16, 2019 4:28 PM
To: Scott White <Scott.White@scc.virginia.gov>
Cc: Bob Grissom <Bob.Grissom@scc.virginia.gov>
Subject: MetLife comments re: VALR for LTCI filings

Dear Commissioner White,

Attached for your consideration, please find a summary prepared by MetLife of the Virginia Bureau's interpretation and application of the NAIC model regulation for Long-Term Care Insurance (LTCI). Specifically, we discuss the Bureau's inclusion of policy reserves in calculating the Virginia anticipated loss ratio and our concerns with this approach. We do not believe this issue is ripe for the upcoming LTCI hearing on May 21, 2019. However, we wanted to share this information as you give thought to next steps on LTCI generally. We welcome a discussion on this topic as well as our pending LTCI filings with you and any members of your team you wish to include. Please let me know if you have any questions and whether you are open to further discussion with us on this matter. Thank you for your time and attention.

Regards,

Alison

Alison Kelly | Assistant Vice President | State Advocacy & Supervision | MetLife
200 Park Avenue, New York, NY 10166 | T. 212-578-7911 | M. 347-334-2261 | alison.kelly@metlife.com

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<MetLife comments regarding VALR.pdf.attachctrl>

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Reviewer Note

Created By:

Bill Dismore on 07/11/2019 09:50 AM

Subject:

Partnership Policies - No Existing Partnership policies in VA

Comments:

7/10/2019 - Per email attached from MetLife, the Company advises that there are no partnership policies in VA for this block of business.

From: Jisonna, Gina
To: Bill Dismore
Subject: RE: SERFF # META-130643279 - Note to Reviewer
Date: Thursday, July 11, 2019 10:44:07 AM

Hi Bill,

TIAA-Cref and Group do not have partnership policy status. Some of the Individual VA policy forms include a partnership component. There is already partnership language that was included on the Individual policyholder letter. It states:
If you have a partnership policy, a reduction of automatic inflation protection may result in a loss of partnership status.

Thanks,
Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

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From: Bill Dismore [mailto:Bill.Dismore@scc.virginia.gov]
Sent: Tuesday, July 09, 2019 10:06 AM
To: Jisonna, Gina
Subject: [EXT] RE: SERFF # META-130643279 - Note to Reviewer

Gina,

A question, do any of the MetLife or TIAA-CREF filings have "partnership policy status".

I ask this question in reference to 14VAC5-200-75 C. which states, "In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections."

If none of your current filings have any partnership policies, let me know that. If there are some, we'll need to add this language to the policyholder letter.

Thanks,

Bill

From: Jisonna, Gina <gjisonna@metlife.com>
Sent: Tuesday, July 9, 2019 9:15 AM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Subject: RE: SERFF # META-130643279 - Note to Reviewer

Good morning, Bill,

Thank you for the update.

I hope you had a great holiday and long weekend.

Thanks,
Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

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From: Bill Dismore [mailto:Bill.Dismore@scc.virginia.gov]
Sent: Monday, July 08, 2019 10:22 AM
To: Jisonna, Gina
Subject: [EXT] RE: SERFF # META-130643279 - Note to Reviewer

Good morning Gina.

I acknowledge receipt of the proposed letter. I am reviewing with my management team and I will get back to you via email with any suggested changes prior to finalizing the letter and placing it in SERFF.

I hope you had an enjoyable 4th of July holiday and I look forward to responding to you soon.

Kind regards,

Bill Dismore
Insurance Market Examiner
Life & Health Division – Virginia Bureau of Insurance

From: Jisonna, Gina <gjisonna@metlife.com>
Sent: Wednesday, July 3, 2019 2:26 PM
To: Bill Dismore <Bill.Dismore@scc.virginia.gov>
Subject: RE: SERFF # META-130643279 - Note to Reviewer

Hi Bill,

Thank you for your time today. Per our conversation, I have attached a revised Policyholder letter with both TIAA-Cref and MetLife logos. Please review and confirm your acceptance of this approach prior to our SERFF submission.

As stated on the call, MetLife is responsible for the obligations undertaken in the TIAA-Cref policies so we do not believe the TIAA-Cref logo is necessary.

Please let me know if you have any further questions or concerns.

Thanks,

Gina

Gina Jisonna | Manager-Product Development, MetLife Long-Term Care | 1300 Hall Boulevard, 3E-304I, Bloomfield, CT 06002 | ☎ 860-656-3809 | ✉ gjisonna@metlife.com

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State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Reviewer Note

Created By:

Bill Dismore on 12/13/2018 12:20 PM

Last Edited By:

Bill Dismore

Submitted On:

11/19/2019 02:44 PM

Subject:

MetLife Call-Explain MetLife/TIAA-CREF Life Relationship

Comments:

Greg,

This will summarize our conference call today with Metropolitan Life's Gina Jisonna, Senior Product Consultant and Tom Riley, Assistant Vice President.

The central issue addressed in the call was to clarify the business/corporate relationship between Metropolitan Life and TIAA-CREF Life to determine if these entities are clearly distinguished on the policyholder notification letter, i.e. is the description acceptable to the VA BOI?

The above referenced Long Term Care filings are for both pre and post rate stabilization form LTC.04 (VA). There are 167 policyholders insured by Metropolitan Life Insurance Company (NAIC # 65978) and 107 policyholders insured by TIAA-CREF Life Insurance Company (NAIC # 60142). In 2004, Metropolitan Life Insurance Company acquired from TIAA-CREF Life their long term care block. A portion of the policyholders agreed to switch to Metropolitan Life Insurance Company and the rest elected to remain with TIAA-CREF Life.

According to the actuarial memorandum and confirmed by Tom Riley in today's call:

•Metropolitan Life Insurance Company ("MetLife") acts as administrator on behalf of Teachers Insurance and Annuity Association ("TIAA"), under an administrative agreement between MetLife and TIAA that became effective on May 1, 2004;
•MetLife acts as administrator on behalf of TIAA-CREF Life Insurance Company ("T-C Life") under an administrative agreement between MetLife and T-C Life that became effective on May 1, 2004; or
•MetLife is the direct insurer through assumption reinsurance agreements with TIAA and TC Life.

MetLife advised that they have been filing rate increases nationwide since 2012 and no state regulator, other than Virginia, have questioned the language used on their policyholder notification letter as portrayed below. There have had no consumer inquiries or complaints about the identities and relationships of the companies.

Metropolitan Life Insurance Company "MET LIFE LOGO"
as insurer, or MetLife Services and Solutions,
LLC as administrator for TIAA-CREF Life
Insurance Company and Teachers Insurance
and Annuity Association of America*
P.O. Box 990028, Hartford, CT 06199-0028

[DATE]
[First Name][Last Name]
[Address]
[Address2]
[City, State, Zip]

Re: Notice of Long Term Care Insurance Premium Adjustment for Policy [#######]

Dear [First Name][Last Name]:

This letter is to inform you that we are implementing a [73%] premium increase on your long term care insurance policy which was issued in Virginia. While your policy was issued and underwritten by TIAA-CREF Life Insurance company, this premium increase was filed jointly by Metropolitan Life Insurance Co. (MetLife), as well as TIAA-CREF Life Insurance Company and

Teachers Insurance and Annuity Association of America (jointly referred to as TIAA-CREF) andauthorized by the appropriate state regulator.

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Reviewer Note

Created By:

Bill Dismore on 09/25/2018 02:01 PM

Last Edited By:

Bill Dismore

Submitted On:

11/19/2019 02:44 PM

Subject:

RRS

Comments:

Rate Review Summary

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: TIAA-CREF Life Insurance Company - NAIC# 60142

SERFF Tracking Number: META-130630165

Effective Date: upon approval

(Projected) Number of Insureds Affected: 107

New Rates

Average Annual Premium Per Member: 1854

Revised Rates

Average Annual Premium Per Member: 3207

Average Requested Percentage Rate Change Per Member: 73.0%

Minimum Requested Percentage Rate Change Per Member: 73.0%

Maximum Requested Percentage Rate Change Per Member: 73.0%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
TCL-LTC.04(VA) Ed. 4/00	

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.

MetLife monitors the performance of the business by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. The past experience and future projections based on current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements. Therefore, MetLife files rate increase for this block of business.

The TIAA-CREF Life Insurance Company (the Company) requested a 73% increase on this block of group long-term care insurance forms. As the forms were issued in Virginia from 2002 through 2004, the experience was reviewed based on the rules in effect at the time of issue. For policies issued prior to October 1, 2003, they were reviewed according to the requirements of 14VAC5-200-150 (pre-rate stability) and for those issued on or after October 1, 2003, they were reviewed according to the requirements of 14VAC5-200-153 (post rate stability block).

The Bureau of Insurance's (the Bureau) consulting actuary reviewed the filing and indicated that the rate increase will result in future and lifetime loss ratios more than the original target for both the post rate stability block and the pre-rate stability block. Therefore, the company was advised that the Bureau would approve the rate increase.

This increase will impact approximately 107 insureds in Virginia and the Company advised that they do not intend to increase rates further on this block unless the actual experience is worse than projected. The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy equal to the sum of premiums paid. Specific options are included in the letter sent to all policyholders notifying them of the rate increase or can be discussed with the company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: http://www.scc.virginia.gov/boi/SERFFInquiry/default.asp.

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Form Schedule

Lead Form Number: LCUL(04)-TCL

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 11/19/2019	LCUL.04-TCL	LCUL.04-TCL	POLA	Initial		52.000	LCUL(04)-TCL (4-22-11).pdf
2	Received & Acknowledged 11/18/2019	Moved to Supporting Documentation Tab		POLA	Initial			
3	Filed 11/19/2019	Policyholder Letter	PHLTR-TCL-VA	POLA	Initial		45.000	VA TC Life PH Letter_CLEAN 11-11-19.pdf
4	Filed 11/19/2019	Coverage Change Form	COVCHG-TCL-VA	OTH	Initial		56.000	VA TCLife_Coverage Change Form_CLEAN 10-3-19.pdf
5	Received & Acknowledged 10/31/2019	Moved to Supporting Documentation Tab		OTH	Initial			
6	Received & Acknowledged 10/31/2019	Moved to Supporting Documentation Tab		OTH	Initial			

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NAP**	Network Access Plan
NOC	Notice of Coverage	**OTH**	Other
OUT	Outline of Coverage	**PJK**	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	**POLA**	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	**PRD**	Provider Directory

TIAA-CREF LIFE INSURANCE COMPANY

LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT

DEFINITIONS

For purposes of this Endorsement, the following definitions apply.

Election Period means the period of time that begins on the date **We** provide **You** with written notification of the **Premium Increase** and ends 120 days following the first due date of the **Premium Increase**.

Lapse means the termination of **Your Policy** due to nonpayment of premium or written cancellation.

Premium Increase means the increase in **Your** premium as a result of the premium rate schedule increase implemented by **Us** following any required regulatory approval. The term **Premium Increase** does not include an increase in premium due to:

- an increase in **Your** benefits under the terms of **Your Policy**, including a **Rider**;
- a change in **Your** coverage made at **Your** request;
- a change in **Your** payment arrangements; or
- the end or reduction of a discount.

Nonforfeiture Feature means any of the following, if applicable to **Your** coverage, that provide for reduced or limited coverage in the event that **Your Policy Lapses**: a **Policy** provision; this Endorsement; or a **Rider**.

LAPSE DURING ELECTION PERIOD

This Endorsement has been issued to **You** because **Your Policy Lapsed** during the **Election Period**. Due to the **Lapse** of **Your Policy** during the **Election Period**, **Your Policy** is converted to paid-up status, effective as of the date of **Lapse**, as described below.

If You are Eligible for Contingent Benefit Upon Lapse

This Endorsement pays the same benefits that would be payable if **You** are eligible for and meet the requirements for payment of benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL"). **We** will not pay benefits under both CBUL and this Endorsement. Since the benefits payable are the same under both CBUL and this Endorsement, **We** will pay benefits under this Endorsement and **You** will not be eligible for payment of benefits under CBUL.

PAID-UP STATUS

We will pay the same benefits that were in effect under **Your Policy** immediately prior to the date it was converted to paid-up status, except that:

- Your **Lifetime Benefit Maximum** has been reduced to the greater of:
  - the sum of all premiums **You** paid; or
  - 30 times the **Nursing Facility Care Daily Benefit Maximum** in effect immediately prior to **Lapse**; and
- No further premiums will be due, **You** may no longer change **Your** benefit amounts and **You** will no longer receive increases under any inflation option that is part of **Your Policy**.

The total benefits that **We** will pay after **Your Policy** is converted to paid-up status will not exceed the remaining **Lifetime Benefit Maximum** in effect immediately prior to **Lapse**.

EFFECTIVE DATE OF THIS ENDORSEMENT

This Endorsement takes effect on the Endorsement Effective Date as shown below.

TERMINATION OF THIS ENDORSEMENT

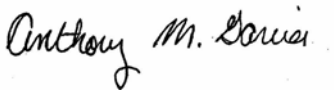
If **Your Policy** ends for any reason other than **Lapse** following **Premium Increase**, this Endorsement will end when **Your Policy** ends.

If **You** reinstate **Your Policy** after this Endorsement has gone into effect (in accordance with the reinstatement provisions of **Your Policy**), this Endorsement will end on the date coverage under **Your Policy** is reinstated.

We will not provide coverage following **Lapse** under this Endorsement and another **Nonforfeiture Feature**.

This Endorsement will not take effect if **Your Policy** does not **Lapse** during the **Election Period**.

In all other respects, the provisions and conditions of Your Policy remain the same. This Endorsement is subject to the terms and provisions of Your Policy. It is to be attached to and made a part of Your Policy.
[



Anthony M. Garcia
President]

Endorsement Effective Date: [insert date of Lapse]

TIAA-CREF Life Insurance Company, MetLife
Services and Solutions, LLC as administrator
[P.O. Box 990028, Hartford, CT 06199-0028]

[DATE]

[First Name][Last Name]
[Address]
[Address2]
[City, State, Zip]

Re: Notice of Long Term Care Insurance Premium Adjustment for Policy [#######]

Dear [First Name][Last Name]:

This letter is to inform you that we are implementing a [XX%] premium increase on your long term care insurance policy which was issued in Virginia. **Your policy is insured by TIAA-CREF Life Insurance Company,** and is administered by MetLife Services and Solutions, LLC.

The increase affects a broad group of policyholders and does not target individuals based on personal factors such as age, health status or claims history. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by changes to actuarial assumptions since the initial pricing. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.]

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at ww.scc.virginia.gov/BOI.

It is important that you be aware that as explained on the first page of your policy, and subject to any applicable regulatory approval, **WE RESERVE THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, options, similar to those being offered at this time, if applicable, may or may not be available but decreases in coverage can be made at any time, per the provisions of your policy.

[Please note that because the percentage approved is less that what we requested, it is likely that we will request an additional increase, and if that increase were approved, we would implement the additional increase no sooner than one year from the date indicated below. Note that any future increase would first be subject to the review and approval of the Virginia State Corporation Commission.]

This letter explains the change to your premium, which is scheduled to take place on the date indicated below which coincides with your Policy Anniversary date. Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider. Please note if you are already at the minimum Nursing Facility Care

Daily Benefit, or Lifetime Benefit Maximum, please call Customer Service to discuss whether there are any additional options available to reduce coverage.

Your current and new premium amounts

The premium amount for your Long Term Care Insurance policy is scheduled to increase as follows, on the date indicated below:

Current Premium Amount	**New Premium Amount beginning on [COMPLETE DATE]**
[$0.00]/[mode]	[$0.00]/[mode]

[Please note that under the Agreement for Periodic Inflation Additions Rider you purchased with your policy, you may be eligible to increase your coverage on your Policy Anniversary date, without having to provide proof of good health. You will be receiving a separate communication regarding the optional increase offer.]

Please note that if you qualify for Waiver of Premium at the time the increase becomes effective, there will be no impact to your coverage or premiums unless your obligation to make payment resumes.

Options to consider

Please note that the current coverage and premium provided in this letter is as of [DATE]. This may not reflect any coverage changes that have occurred or are scheduled to occur between this date and the effective date of your increase.

1. Continue your current coverage by paying the new premium amount when due.

No additional action is required by you.

2. Reduce your coverage:

[Insert for insureds who are provided decrease options as applicable:]

- **[Reduce your Nursing Facility Care Daily Benefit from [$$$] to [$$$].** This will bring you to a revised premium of approximately [$$$]/[mode].]
- **[Reduce your Lifetime Benefit Maximum from [#] years to [#] years.** This will bring you to a revised premium of approximately [$$$]/[mode].]

[(Please note that the Lifetime Benefit Maximum above does not reflect claims paid or payable. In addition, for certain optional riders to remain in effect, both policyholders must maintain identical coverage.)]

[Insert for insureds who are not provided decrease options:]

[Please contact our customer service team at 1-888-748-4824 if you wish to discuss whether there are coverage decrease options available to you.]

Please note that all options available to the policyholder may not be of equal value.

3. Cancel your coverage:

[Insert for <u>No</u> NonForfeiture feature letters (applies to insureds with CBUL):]

[If you elect to cancel your coverage at any time between the date of this letter and 120 days following the due date for the New Premium Amount, you will be issued a Limited Coverage Upon Lapse Endorsement ("LCUL") which provides limited coverage. (*Please note that this limited coverage is not intended to replace coverage you currently have*.) The amount of coverage will be the greater of the sum of all premiums paid prior to cancellation ***or*** 30 times the amount of the nursing facility care daily benefit in effect immediately prior to your cancellation date. The limited coverage provided under LCUL will not exceed the remaining Lifetime Benefit Maximum in effect immediately prior to your cancellation date.

Note: If your policy includes the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL"), the LCUL Endorsement pays the same benefits as those provided for if you are eligible for benefits under CBUL. We will not pay benefits under both CBUL and the LCUL

endorsement. Once this limited coverage rider goes into effect, your policy will be considered "paid-up" with no further premiums due.]

If you cancel your coverage between the date of this letter and 120 days following the due date for the New Premium Amount and we do **not** receive your written response by the response date of [xx/xx/xxxx] to select the LCUL Endorsement, we will automatically provide coverage under the Reduced Paid-Up Feature included in your policy.

[Insert for letters to insureds with Nonforfeiture Shortened Benefit Period (SBP): [Our records indicate your policy includes a Nonforfeiture Feature in the form of a policy provision, endorsement or rider that provides for reduced or limited coverage in the event that your policy Lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage you are eligible for the limited coverage as described in your policy under the Nonforfeiture Feature. (*Please note that this limited coverage is not intended to replace coverage you currently have*.)]

4. Please note that you may also be able to reduce your premium by changing your elimination period or removing additional cost riders that were added to your policy. Please contact **the customer service team at [(888) 748-4824]** between the hours of [8:00 a.m. and 11:00 p.m. Eastern Time, Monday through Friday], if you wish to discuss whether there are additional coverage decrease options available to you.

Next Steps

- If you choose to maintain your current coverage at the new premium, you do not need to take any action at this time. Simply pay your new premium when it becomes due.
- If you choose to decrease or cancel your coverage, we request that you return your Coverage Change Form to us by [COMPLETE DATE] so we can process your request to coincide with the premium increase date. Should you need more time to decide on a coverage decrease, you may request a decrease in writing at any time.

Please note that any changes in your coverage between now and your policy anniversary date when the new premium goes into effect will be calculated at the **new** rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect**. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time.** We want to thank you for choosing to plan for your future long term care insurance needs.

Sincerely,
[

]
[Thomas Reilly
Assistant Vice President, Product Management & Compliance]

Encl: Coverage Change Form
Business Reply Envelope

TIAA-CREF Life Insurance Company, MetLife
Services and Solutions, LLC as administrator
[P.O. Box 990028, Hartford, CT 06199-0028]

TIAA-CREF Life Insurance Company
Long Term Care Insurance Coverage Change Form

[First Name] [Last Name]
Policy # [##############]
Distribution Alliance ID # [######]
New Premium Amount Date: [Policy Anniversary Date]

If you intend to maintain your current coverage at the new increased premium, there is no need to complete this form.

Please use this form to request decreases in your long term care insurance coverage or to cancel your policy. If you have any questions, you can speak with a customer service team member at [**(888) 748-4824],** available between the hours of [8:00 a.m. and 11:00 p.m.], Eastern Time, Monday through Friday.

Coverage Decrease Options

[☐ Reduce my Nursing Facility Care Daily Benefit Amount from [$------] to [$------]. This will change my premium from [New Premium Amount$XX.XX]/[mode] to [$XX.XX]/[mode].

[☐ Reduce my Lifetime Benefit Maximum duration from [------] years to [------] years. This will change my premium from [New Premium Amount$XX.XX]/[mode] to [$XX.XX]/[mode].]

[☐ Other _____ _____
_____]

[Insert if no decrease options are provided:]
[Please contact our customer service team if you wish to discuss whether decrease options may be available to you.

☐ Change/Reduce _____
_____]

[Include this selection for insureds **with <u>no</u>** Nonforfeiture:]

☐ [Please CANCEL my policy. I understand that I will be provided with coverage under a Limited Coverage Upon Lapse Endorsement (LCUL). *As you consider this option, please note that this is **limited** coverage and not intended to replace the coverage you currently have.]*

[Include this selection for insureds **with** Nonforfeiture (**<u>Shortened Benefit Period</u>**):]

- ☐ [Please CANCEL my policy. I understand that this will trigger coverage under the Nonforfeiture feature or rider which I purchased with my policy. *As you consider this option, please note that this is **limited** coverage and not intended to replace the coverage you currently have.]*

Please note you may not be able to increase benefits in the future without providing evidence of insurability. If your policy includes a Survivor Waiver or Shared Care rider, please note that both policyholders must maintain identical coverage in order for these to remain in effect. Please refer to your policy for additional detail.

I understand the policy change(s) I have selected above. I agree that any change(s) will become effective on the policy anniversary date coinciding with the premium increase. (Cancellations will be processed consistent with the terms of your policy and any applicable endorsements.)

Please note: It may not be in your best interest to make reductions to your coverage while in claim.

Signature: _____ Date: _____

Please return signed form by [COMPLETE DATE] to:

MetLife Services and Solutions, LLC as administrator
Long Term Care
[PO Box 14634
Lexington, KY 40512-4634]

Phone: [(888) 748-4824]
Fax: [(866) 314-5612]

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:
SERFF Tracking Number of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
TIAA-CREF Life Insurance Company	73.000%	73.000%	$144,793	107	$198,347	73.000%	73.000%

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		TIAA_Rates_VA_CURRENT_with_73%Increase	TCL-LTC.04 (VA)Ed. 4/00	Revised	Previous State Filing Number: META-127150314 Percent Rate Change Request: 73	TIAA_LTC04_Rates_VA_CURRENT_with_73%Increase.pdf,

Policy Form Series: LTC.04
With No Inflation
No Nonforfeiture
No Return of Premium
Current Annual Rates with Proposed 73% Increase
Rates per $10 Daily Benefits

	3 Year Benefit Period						5 Year Benefit Period						7 Year Benefit Period						Unlimited Benefit Period					
	Elimination Period						*Elimination Period*						*Elimination Period*						*Elimination Period*					
	30 Days	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*
Issue	*Home and Community Care*						*Home and Community Care*						*Home and Community Care*						*Home and Community Care*					
Age	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*
25	15.57	19.03	13.84	17.30	10.38	13.84	17.30	24.22	15.57	20.76	12.11	17.30	20.76	25.95	19.03	24.22	13.84	19.03	24.22	32.87	22.49	29.41	17.30	22.49
26	15.57	20.76	13.84	17.30	10.38	13.84	19.03	24.22	17.30	22.49	13.84	17.30	20.76	27.68	19.03	25.95	15.57	19.03	25.95	34.60	22.49	31.14	17.30	24.22
27	17.30	20.76	15.57	19.03	12.11	15.57	20.76	25.95	19.03	24.22	13.84	19.03	22.49	29.41	20.76	25.95	15.57	20.76	27.68	36.33	24.22	32.87	19.03	25.95
28	17.30	22.49	15.57	20.76	12.11	15.57	20.76	27.68	19.03	24.22	15.57	19.03	24.22	31.14	20.76	27.68	17.30	22.49	29.41	38.06	25.95	34.60	20.76	27.68
29	19.03	22.49	17.30	20.76	12.11	15.57	22.49	29.41	20.76	25.95	15.57	20.76	25.95	32.87	22.49	29.41	17.30	22.49	29.41	39.79	27.68	36.33	20.76	27.68
30	19.03	24.22	17.30	22.49	13.84	17.30	24.22	29.41	20.76	27.68	15.57	20.76	25.95	34.60	24.22	31.14	19.03	24.22	31.14	41.52	27.68	38.06	22.49	29.41
31	20.76	25.95	19.03	22.49	13.84	17.30	24.22	31.14	22.49	27.68	17.30	22.49	27.68	36.33	24.22	32.87	19.03	24.22	32.87	43.25	29.41	39.79	22.49	31.14
32	20.76	25.95	19.03	24.22	15.57	19.03	25.95	32.87	22.49	29.41	17.30	22.49	29.41	38.06	25.95	32.87	20.76	25.95	34.60	46.71	31.14	41.52	24.22	32.87
33	22.49	27.68	19.03	24.22	15.57	19.03	25.95	34.60	24.22	31.14	19.03	24.22	29.41	39.79	27.68	34.60	20.76	27.68	36.33	48.44	32.87	43.25	24.22	32.87
34	22.49	29.41	20.76	25.95	15.57	19.03	27.68	36.33	24.22	31.14	19.03	24.22	31.14	41.52	27.68	36.33	22.49	27.68	38.06	50.17	32.87	44.98	25.95	34.60
35	24.22	29.41	20.76	25.95	17.30	20.76	29.41	36.33	25.95	32.87	19.03	25.95	32.87	41.52	29.41	38.06	22.49	29.41	38.06	51.90	34.60	46.71	27.68	36.33
36	25.95	31.14	22.49	27.68	17.30	22.49	31.14	39.79	27.68	34.60	20.76	27.68	34.60	44.98	31.14	39.79	24.22	31.14	41.52	55.36	36.33	48.44	29.41	38.06
37	27.68	34.60	24.22	29.41	19.03	22.49	32.87	41.52	29.41	38.06	22.49	29.41	38.06	48.44	32.87	43.25	25.95	32.87	44.98	58.82	39.79	51.90	31.14	39.79
38	29.41	36.33	25.95	31.14	19.03	24.22	34.60	44.98	31.14	39.79	24.22	31.14	39.79	51.90	34.60	44.98	27.68	34.60	46.71	62.28	41.52	55.36	32.87	43.25
39	31.14	38.06	27.68	32.87	20.76	25.95	36.33	46.71	32.87	41.52	25.95	32.87	41.52	53.63	38.06	48.44	29.41	36.33	50.17	65.74	43.25	58.82	34.60	44.98
40	32.87	39.79	29.41	36.33	22.49	27.68	38.06	50.17	34.60	43.25	25.95	34.60	44.98	57.09	39.79	50.17	29.41	39.79	51.90	69.20	46.71	60.55	36.33	46.71
41	32.87	41.52	29.41	38.06	22.49	29.41	41.52	51.90	36.33	46.71	27.68	36.33	46.71	60.55	41.52	53.63	31.14	41.52	55.36	72.66	48.44	64.01	38.06	50.17
42	34.60	43.25	31.14	39.79	24.22	29.41	43.25	55.36	38.06	48.44	29.41	38.06	48.44	62.28	43.25	55.36	32.87	43.25	58.82	76.12	51.90	67.47	39.79	51.90
43	36.33	46.71	32.87	41.52	25.95	31.14	44.98	57.09	39.79	50.17	31.14	39.79	51.90	65.74	44.98	58.82	34.60	44.98	60.55	79.58	53.63	70.93	41.52	55.36
44	38.06	48.44	34.60	43.25	25.95	32.87	46.71	60.55	41.52	53.63	31.14	41.52	53.63	69.20	48.44	60.55	36.33	46.71	64.01	83.04	55.36	74.39	43.25	57.09
45	39.79	50.17	36.33	44.98	27.68	34.60	48.44	62.28	43.25	55.36	32.87	43.25	57.09	72.66	50.17	64.01	38.06	48.44	67.47	88.23	58.82	76.12	44.98	58.82
46	41.52	51.90	38.06	46.71	29.41	36.33	51.90	65.74	44.98	57.09	34.60	44.98	58.82	76.12	51.90	65.74	39.79	50.17	69.20	91.69	60.55	79.58	46.71	62.28
47	43.25	53.63	38.06	48.44	29.41	36.33	53.63	67.47	46.71	60.55	36.33	46.71	62.28	77.85	53.63	69.20	41.52	53.63	72.66	95.15	64.01	83.04	48.44	64.01
48	44.98	57.09	39.79	50.17	31.14	38.06	55.36	70.93	48.44	62.28	38.06	48.44	64.01	81.31	57.09	72.66	43.25	55.36	76.12	98.61	65.74	86.50	50.17	65.74
49	48.44	58.82	41.52	51.90	32.87	39.79	58.82	74.39	51.90	64.01	39.79	50.17	67.47	84.77	58.82	74.39	44.98	57.09	79.58	103.80	69.20	89.96	51.90	69.20
50	50.17	62.28	43.25	53.63	32.87	41.52	60.55	76.12	53.63	67.47	39.79	51.90	70.93	89.96	60.55	77.85	46.71	58.82	83.04	107.26	70.93	93.42	53.63	70.93
51	51.90	64.01	44.98	55.36	34.60	43.25	64.01	79.58	55.36	69.20	41.52	53.63	72.66	93.42	64.01	81.31	48.44	60.55	84.77	110.72	74.39	96.88	57.09	72.66
52	53.63	65.74	46.71	58.82	36.33	44.98	65.74	83.04	57.09	72.66	43.25	55.36	76.12	96.88	65.74	83.04	50.17	64.01	88.23	115.91	77.85	100.34	58.82	76.12
53	58.82	70.93	50.17	62.28	38.06	48.44	70.93	89.96	62.28	77.85	46.71	58.82	81.31	103.80	70.93	89.96	53.63	67.47	95.15	124.56	83.04	107.26	62.28	79.58
54	62.28	76.12	53.63	67.47	41.52	50.17	76.12	95.15	65.74	83.04	50.17	62.28	88.23	110.72	76.12	95.15	57.09	70.93	102.07	131.48	88.23	112.45	65.74	84.77
55	65.74	81.31	58.82	70.93	43.25	53.63	81.31	102.07	70.93	88.23	53.63	65.74	93.42	117.64	81.31	102.07	60.55	76.12	108.99	140.13	93.42	119.37	69.20	89.96
56	70.93	86.50	62.28	76.12	46.71	57.09	86.50	108.99	74.39	93.42	55.36	69.20	100.34	124.56	86.50	107.26	64.01	79.58	115.91	148.78	98.61	126.29	74.39	95.15
57	74.39	91.69	65.74	79.58	48.44	60.55	91.69	114.18	79.58	98.61	58.82	74.39	105.53	133.21	89.96	112.45	67.47	84.77	122.83	157.43	103.80	133.21	77.85	98.61
58	81.31	100.34	70.93	86.50	53.63	65.74	100.34	124.56	86.50	107.26	64.01	79.58	114.18	143.59	98.61	122.83	72.66	89.96	131.48	169.54	112.45	143.59	83.04	105.53
59	88.23	107.26	76.12	93.42	57.09	69.20	107.26	133.21	91.69	114.18	69.20	84.77	122.83	153.97	105.53	131.48	77.85	96.88	141.86	181.65	121.10	153.97	88.23	112.45
60	95.15	115.91	81.31	100.34	60.55	74.39	115.91	143.59	98.61	122.83	72.66	89.96	133.21	164.35	112.45	140.13	83.04	103.80	152.24	193.76	129.75	162.62	95.15	119.37
61	102.07	124.56	88.23	107.26	64.01	79.58	122.83	153.97	105.53	129.75	77.85	96.88	141.86	176.46	121.10	148.78	88.23	108.99	162.62	207.60	136.67	173.00	100.34	128.02
62	107.26	131.48	93.42	114.18	69.20	84.77	131.48	162.62	112.45	138.40	83.04	102.07	150.51	186.84	128.02	157.43	93.42	115.91	173.00	219.71	145.32	183.38	105.53	134.94
63	117.64	143.59	102.07	122.83	74.39	91.69	143.59	178.19	122.83	150.51	89.96	110.72	164.35	202.41	138.40	171.27	102.07	124.56	186.84	237.01	157.43	197.22	114.18	143.59
64	128.02	155.70	110.72	133.21	81.31	98.61	155.70	192.03	133.21	162.62	96.88	119.37	178.19	217.98	150.51	183.38	108.99	133.21	202.41	254.31	169.54	212.79	122.83	153.97
65	138.40	167.81	119.37	143.59	86.50	105.53	167.81	205.87	143.59	174.73	103.80	128.02	192.03	235.28	160.89	197.22	117.64	143.59	217.98	273.34	181.65	226.63	131.48	164.35
66	148.78	179.92	128.02	153.97	93.42	112.45	179.92	221.44	152.24	186.84	110.72	134.94	204.14	250.85	173.00	209.33	124.56	152.24	231.82	290.64	193.76	242.20	140.13	174.73
67	159.16	192.03	136.67	164.35	98.61	121.10	192.03	235.28	162.62	198.95	119.37	143.59	217.98	266.42	183.38	223.17	133.21	160.89	247.39	307.94	205.87	256.04	148.78	183.38
68	178.19	214.52	152.24	183.38	110.72	133.21	216.25	261.23	181.65	219.71	131.48	159.16	243.93	295.83	204.14	247.39	147.05	178.19	275.07	340.81	228.36	281.99	164.35	202.41
69	195.49	235.28	167.81	200.68	122.83	147.05	238.74	288.91	200.68	242.20	145.32	174.73	268.15	325.24	224.90	271.61	162.62	195.49	302.75	375.41	250.85	309.67	179.92	221.44
70	214.52	257.77	183.38	219.71	133.21	160.89	261.23	314.86	219.71	264.69	159.16	192.03	294.10	354.65	245.66	295.83	176.46	211.06	330.43	408.28	275.07	337.35	195.49	240.47
71	233.55	280.26	200.68	238.74	145.32	174.73	283.72	340.81	238.74	287.18	173.00	207.60	320.05	384.06	266.42	320.05	190.30	228.36	358.11	441.15	297.56	363.30	211.06	259.50
72	252.58	302.75	216.25	257.77	157.43	186.84	306.21	368.49	257.77	309.67	186.84	223.17	344.27	413.47	288.91	344.27	205.87	245.66	385.79	474.02	320.05	390.98	228.36	278.53
73	287.18	342.54	245.66	290.64	178.19	212.79	349.46	416.93	294.10	349.46	211.06	250.85	390.98	465.37	326.97	387.52	231.82	275.07	435.96	531.11	359.84	437.69	256.04	309.67
74	323.51	382.33	275.07	325.24	198.95	237.01	390.98	465.37	328.70	389.25	235.28	278.53	435.96	517.27	365.03	430.77	259.50	306.21	484.40	588.20	401.36	484.40	283.72	342.54
75	358.11	422.12	306.21	359.84	221.44	261.23	434.23	512.08	365.03	429.04	261.23	307.94	482.67	569.17	403.09	472.29	285.45	335.62	534.57	645.29	441.15	531.11	311.40	375.41
76	394.44	463.64	335.62	394.44	242.20	285.45	475.75	560.52	399.63	470.56	285.45	335.62	527.65	621.07	441.15	515.54	311.40	365.03	584.74	702.38	482.67	577.82	340.81	406.55
77	429.04	503.43	365.03	427.31	262.96	309.67	519.00	608.96	435.96	510.35	311.40	363.30	574.36	672.97	479.21	558.79	339.08	394.44	633.18	759.47	522.46	622.80	368.49	439.42
78	489.59	570.90	416.93	486.13	301.02	351.19	591.66	690.27	496.51	577.82	354.65	411.74	652.21	759.47	543.22	629.72	384.06	444.61	716.22	851.16	591.66	698.92	415.20	491.32
79	550.14	638.37	468.83	543.22	339.08	392.71	664.32	769.85	558.79	645.29	397.90	460.18	730.06	845.97	608.96	702.38	429.04	494.78	799.26	944.58	659.13	775.04	463.64	544.95
80	610.69	705.84	520.73	600.31	375.41	434.23	736.98	851.16	621.07	712.76	441.15	508.62	807.91	932.47	672.97	773.31	474.02	544.95	880.57	1036.27	728.33	851.16	510.35	596.85
81	671.24	773.31	572.63	657.40	413.47	475.75	809.64	932.47	681.62	781.96	486.13	555.33	885.76	1017.24	738.71	844.24	520.73	595.12	963.61	1129.69	795.80	927.28	558.79	650.48
82	731.79	840.78	624.53	716.22	449.80	517.27	884.03	1013.78	743.90	849.43	529.38	603.77	965.34	1103.74	804.45	915.17	565.71	645.29	1046.65	1221.38	863.27	1003.40	605.50	704.11
83	858.08	979.18	731.79	833.86	527.65	602.04	1034.54	1176.40	870.19	986.10	619.34	700.65	1122.77	1275.01	935.93	1058.76	657.40	743.90	1211.00	1401.30	999.94	1152.18	698.92	806.18
84	984.37	1117.58	840.78	951.50	605.50	686.81	1185.05	1340.75	998.21	1124.50	709.30	797.53	1280.20	1446.28	1067.41	1200.62	749.09	842.51	1375.35	1582.95	1136.61	1300.96	794.07	908.25
85	1110.66	1255.98	948.04	1070.87	683.35	771.58	1335.56	1505.10	1124.50	1262.90	797.53	894.41	1439.36	1617.55	1200.62	1342.48	840.78	941.12	1539.70	1764.60	1273.28	1449.74	887.49	1010.32
86	1236.95	1396.11	1055.30	1188.51	761.20	856.35	1486.07	1669.45	1252.52	1399.57	887.49	991.29	1596.79	1788.82	1332.10	1486.07	932.47	1039.73	1704.05	1944.52	1408.22	1598.52	982.64	1112.39
87	1363.24	1534.51	1164.29	1306.15	839.05	941.12	1636.58	1833.80	1378.81	1537.97	977.45	1088.17	1755.95	1960.09	1463.58	1627.93	1024.16	1138.34	1870.13	2126.17	1544.89	1747.30	1076.06	1214.46
88	1506.83	1695.40	1287.12	1444.55	927.28	1041.46	1806.12	2024.10	1522.40	1697.13	1079.52	1200.62	1930.68	2157.31	1610.63	1790.55	1126.23	1250.79	2053.51	2335.50	1697.13	1920.30	1181.59	1335.56
89	1650.42	1858.02	1409.95	1582.95	1015.51	1140.07	1977.39	2214.40	1665.99	1858.02	1179.86	1314.80	2107.14	2352.80	1757.68	1953.17	1230.03	1364.97	2238.62	2546.56	1851.10	2093.30	1288.85	1454.93
90	1794.01	2020.64	1532.78	1721.35	1103.74	1240.41	2146.93	2404.70	1807.85	2017.18	1281.93	1427.25	2281.87	2548.29	1903.00	2117.52	1332.10	1479.15	2423.73	2755.89	2003.34	2266.30	1394.38	1576.03
91	1939.33	2181.53	1655.61	1858.02	1193.70	1339.02	2316.47	2595.00	1951.44	2176.34	1384.00	1539.70	2458.33	2745.51	2050.05	2280.14	1434.17	1593.33	2608.84	2965.22	2155.58	2439.30	1501.64	1695.40
92	2082.92	2344.15	1778.44	1996.42	1281.93	1439.36	2486.01	2785.30	2095.03	2337.23	1484.34	1652.15	2633.06	2941.00	2197.10	2442.76	1537.97	1707.51	2793.95	3176.28	2307.82	2612.30	1607.17	1816.50
93	2268.03	2553.48	1937.60	2174.61	1396.11	1567.38	2707.45	3032.69	2281.87	2544.83	1617.55	1800.93	2868.34	3203.96	2392.59	2660.74	1674.64	1859.75	3043.07	3460.00	2513.69	2844.12	1750.76	1977.39
94	2454.87	2762.81	2096.76	2352.80	1510.29	1695.40	2928.89	3281.81	2468.71	2752.43	1750.76	1947.98	3103.62	3465.19	2588.08	2878.72	1811.31	2011.99	3292.19	3741.99	2719.56	3077.67	1894.35	2140.01
95	2639.98	2972.14	2254.19	2530.99	1624.47	1823.42	3152.06	3529.20	2655.55	2961.76	1882.24	2095.03	3338.90	3728.15	2783.57	3096.70	1947.98	2164.23	3541.31	4025.71	2925.43	3311.22	2037.94	2302.63
96	2826.82	3181.47	2413.35	2709.18	1738.65	1951.44	3373.50	3778.32	2842.39	3169.36	2015.45	2242.08	3572.45	3991.11	2980.79	3314.68	2086.38	2316.47	3790.43	4309.43	3131.30	3543.04	2181.53	2463.52
97	3011.93	3390.80	2572.51	2887.37	1852.83	2081.19	3594.94	4025.71	3029.23	3378.69	2146.93	2390.86	3807.73	4252.34	3176.28	3532.66	2223.05	2468.71	4039.55	4593.15	3338.90	3776.59	2325.12	2626.14

Policy Form Series: LTC.04
With 5% Compound Inflation
No Nonforfeiture
No Return of Premium
Current Annual Rates with Proposed 73% Increase
Rates per $10 Daily Benefits

	3 Year Benefit Period						**5 Year Benefit Period**						**7 Year Benefit Period**						**Unlimited Benefit Period**					
	Elimination Period						*Elimination Period*						*Elimination Period*						*Elimination Period*					
	30 Days	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*
Issue	*Home and Community Care*						*Home and Community Care*						*Home and Community Care*						*Home and Community Care*					
Age	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*
25	115.91	140.13	100.34	121.10	76.12	91.69	143.59	178.19	124.56	153.97	93.42	114.18	166.08	205.87	143.59	178.19	107.26	133.21	195.49	250.85	167.81	214.52	126.29	160.89
26	117.64	141.86	102.07	124.56	76.12	93.42	147.05	179.92	126.29	155.70	95.15	115.91	169.54	209.33	147.05	181.65	108.99	134.94	198.95	254.31	171.27	217.98	128.02	164.35
27	119.37	143.59	103.80	126.29	77.85	95.15	148.78	183.38	128.02	159.16	96.88	119.37	171.27	212.79	148.78	183.38	110.72	136.67	202.41	257.77	173.00	221.44	129.75	166.08
28	121.10	147.05	105.53	128.02	79.58	96.88	150.51	186.84	131.48	160.89	96.88	121.10	174.73	216.25	150.51	186.84	112.45	138.40	204.14	261.23	176.46	224.90	131.48	167.81
29	122.83	148.78	107.26	129.75	81.31	96.88	153.97	188.57	133.21	162.62	98.61	122.83	176.46	219.71	152.24	188.57	114.18	141.86	207.60	264.69	178.19	228.36	133.21	171.27
30	124.56	150.51	108.99	131.48	81.31	98.61	155.70	192.03	134.94	166.08	100.34	124.56	179.92	223.17	155.70	192.03	115.91	143.59	211.06	269.88	181.65	231.82	134.94	173.00
31	126.29	153.97	110.72	133.21	83.04	100.34	157.43	193.76	136.67	167.81	102.07	126.29	181.65	226.63	157.43	195.49	117.64	145.32	214.52	273.34	183.38	233.55	136.67	174.73
32	128.02	155.70	112.45	134.94	84.77	102.07	160.89	197.22	138.40	171.27	103.80	128.02	185.11	230.09	159.16	197.22	119.37	147.05	216.25	276.80	186.84	237.01	138.40	178.19
33	131.48	157.43	114.18	136.67	84.77	103.80	162.62	200.68	140.13	173.00	105.53	129.75	188.57	233.55	162.62	200.68	121.10	148.78	219.71	280.26	188.57	240.47	140.13	179.92
34	133.21	160.89	115.91	140.13	86.50	105.53	164.35	202.41	143.59	174.73	105.53	131.48	190.30	235.28	164.35	202.41	121.10	150.51	223.17	283.72	192.03	243.93	141.86	181.65
35	134.94	162.62	117.64	141.86	88.23	105.53	167.81	205.87	145.32	178.19	107.26	133.21	193.76	238.74	166.08	205.87	122.83	153.97	226.63	288.91	193.76	247.39	145.32	185.11
36	138.40	166.08	119.37	145.32	89.96	108.99	171.27	211.06	148.78	181.65	110.72	134.94	197.22	245.66	171.27	211.06	126.29	157.43	231.82	294.10	198.95	252.58	147.05	188.57
37	140.13	169.54	122.83	148.78	91.69	110.72	174.73	216.25	152.24	186.84	112.45	138.40	202.41	250.85	174.73	214.52	129.75	160.89	237.01	301.02	202.41	257.77	150.51	192.03
38	143.59	174.73	126.29	150.51	93.42	114.18	179.92	221.44	155.70	190.30	115.91	141.86	207.60	256.04	178.19	219.71	131.48	162.62	242.20	307.94	207.60	262.96	153.97	197.22
39	147.05	178.19	128.02	153.97	95.15	115.91	183.38	224.90	159.16	193.76	117.64	145.32	211.06	261.23	181.65	224.90	134.94	166.08	247.39	314.86	212.79	268.15	157.43	200.68
40	150.51	181.65	131.48	157.43	98.61	119.37	186.84	230.09	162.62	198.95	121.10	148.78	216.25	266.42	186.84	230.09	138.40	169.54	252.58	320.05	216.25	275.07	160.89	204.14
41	153.97	185.11	133.21	160.89	100.34	121.10	190.30	235.28	166.08	202.41	122.83	150.51	221.44	273.34	190.30	233.55	140.13	173.00	257.77	326.97	221.44	280.26	164.35	209.33
42	157.43	188.57	136.67	164.35	102.07	122.83	195.49	240.47	167.81	207.60	124.56	153.97	224.90	278.53	193.76	238.74	143.59	176.46	262.96	333.89	224.90	285.45	167.81	212.79
43	157.43	190.30	138.40	166.08	102.07	124.56	197.22	242.20	169.54	209.33	126.29	155.70	226.63	280.26	195.49	240.47	143.59	178.19	264.69	335.62	226.63	287.18	167.81	214.52
44	159.16	192.03	138.40	167.81	103.80	126.29	197.22	243.93	171.27	209.33	126.29	155.70	228.36	281.99	197.22	242.20	145.32	179.92	266.42	339.08	228.36	288.91	169.54	216.25
45	160.89	193.76	140.13	167.81	103.80	126.29	198.95	245.66	173.00	211.06	128.02	157.43	230.09	285.45	198.95	243.93	147.05	181.65	268.15	340.81	230.09	290.64	171.27	216.25
46	162.62	195.49	140.13	169.54	105.53	128.02	200.68	247.39	173.00	212.79	129.75	159.16	231.82	287.18	198.95	245.66	147.05	183.38	269.88	344.27	231.82	294.10	171.27	217.98
47	162.62	197.22	141.86	171.27	105.53	128.02	202.41	249.12	174.73	214.52	129.75	159.16	233.55	288.91	200.68	247.39	148.78	183.38	271.61	346.00	233.55	295.83	173.00	219.71
48	166.08	198.95	143.59	173.00	107.26	129.75	205.87	252.58	176.46	217.98	131.48	162.62	237.01	292.37	204.14	250.85	150.51	185.11	275.07	349.46	235.28	299.29	174.73	221.44
49	167.81	202.41	145.32	174.73	108.99	131.48	207.60	256.04	179.92	219.71	133.21	164.35	240.47	297.56	205.87	254.31	152.24	188.57	278.53	354.65	238.74	301.02	176.46	223.17
50	169.54	204.14	147.05	178.19	110.72	133.21	211.06	259.50	181.65	223.17	134.94	166.08	243.93	301.02	209.33	256.04	153.97	190.30	281.99	358.11	240.47	304.48	178.19	224.90
51	171.27	207.60	148.78	179.92	110.72	134.94	212.79	262.96	183.38	224.90	136.67	167.81	245.66	304.48	211.06	259.50	155.70	192.03	285.45	361.57	243.93	307.94	179.92	226.63
52	174.73	211.06	150.51	181.65	112.45	136.67	216.25	266.42	186.84	228.36	138.40	169.54	249.12	307.94	214.52	262.96	157.43	193.76	288.91	366.76	245.66	309.67	181.65	228.36
53	181.65	217.98	157.43	188.57	115.91	141.86	224.90	276.80	193.76	237.01	141.86	174.73	259.50	318.32	221.44	271.61	162.62	198.95	299.29	378.87	254.31	320.05	186.84	235.28
54	188.57	226.63	162.62	195.49	121.10	145.32	233.55	285.45	200.68	243.93	147.05	179.92	268.15	330.43	228.36	280.26	167.81	205.87	309.67	390.98	262.96	330.43	192.03	242.20
55	193.76	235.28	167.81	202.41	124.56	150.51	240.47	295.83	207.60	252.58	152.24	186.84	276.80	340.81	237.01	288.91	173.00	212.79	320.05	403.09	269.88	339.08	197.22	249.12
56	200.68	242.20	174.73	209.33	128.02	155.70	249.12	306.21	212.79	261.23	157.43	192.03	287.18	352.92	243.93	297.56	178.19	217.98	330.43	415.20	278.53	349.46	202.41	254.31
57	207.60	250.85	179.92	216.25	133.21	160.89	257.77	316.59	219.71	268.15	160.89	197.22	295.83	363.30	250.85	307.94	183.38	224.90	339.08	427.31	287.18	358.11	209.33	261.23
58	216.25	261.23	186.84	224.90	138.40	166.08	268.15	328.70	230.09	278.53	167.81	204.14	307.94	377.14	261.23	318.32	190.30	231.82	352.92	442.88	297.56	371.95	216.25	269.88
59	224.90	271.61	193.76	233.55	143.59	173.00	278.53	340.81	238.74	288.91	174.73	211.06	320.05	390.98	271.61	330.43	197.22	240.47	365.03	458.45	307.94	384.06	223.17	278.53
60	233.55	281.99	200.68	242.20	148.78	178.19	288.91	352.92	247.39	299.29	179.92	219.71	330.43	404.82	280.26	340.81	204.14	247.39	378.87	474.02	318.32	396.17	230.09	287.18
61	242.20	290.64	209.33	250.85	153.97	185.11	299.29	365.03	256.04	309.67	186.84	226.63	342.54	418.66	290.64	352.92	209.33	254.31	390.98	489.59	328.70	408.28	237.01	295.83
62	250.85	301.02	216.25	259.50	159.16	190.30	309.67	378.87	264.69	320.05	192.03	233.55	354.65	432.50	299.29	363.30	216.25	262.96	404.82	505.16	339.08	420.39	243.93	302.75
63	264.69	316.59	226.63	271.61	166.08	198.95	326.97	396.17	276.80	335.62	200.68	243.93	371.95	451.53	314.86	378.87	226.63	273.34	423.85	525.92	354.65	437.69	254.31	314.86
64	276.80	332.16	237.01	283.72	173.00	209.33	342.54	415.20	290.64	349.46	211.06	254.31	389.25	472.29	328.70	396.17	235.28	283.72	442.88	548.41	370.22	454.99	264.69	326.97
65	290.64	346.00	249.12	295.83	181.65	217.98	358.11	432.50	302.75	365.03	219.71	264.69	406.55	491.32	342.54	411.74	245.66	295.83	460.18	569.17	384.06	472.29	275.07	337.35
66	302.75	361.57	259.50	309.67	188.57	226.63	373.68	449.80	316.59	380.60	228.36	275.07	423.85	512.08	356.38	427.31	256.04	306.21	479.21	591.66	399.63	489.59	285.45	349.46
67	316.59	375.41	269.88	321.78	197.22	235.28	389.25	468.83	330.43	394.44	237.01	285.45	441.15	531.11	370.22	442.88	264.69	316.59	498.24	612.42	415.20	506.89	295.83	361.57
68	337.35	401.36	288.91	342.54	209.33	250.85	416.93	499.97	351.19	420.39	252.58	302.75	470.56	563.98	394.44	470.56	281.99	335.62	531.11	650.48	441.15	538.03	313.13	382.33
69	359.84	425.58	307.94	363.30	223.17	264.69	442.88	529.38	373.68	446.34	268.15	320.05	499.97	598.58	418.66	498.24	299.29	354.65	562.25	686.81	467.10	567.44	330.43	403.09
70	380.60	451.53	325.24	385.79	237.01	280.26	468.83	560.52	396.17	470.56	285.45	339.08	529.38	631.45	442.88	525.92	314.86	373.68	593.39	724.87	493.05	598.58	349.46	423.85
71	403.09	475.75	344.27	406.55	249.12	295.83	496.51	591.66	418.66	496.51	301.02	356.38	558.79	664.32	467.10	553.60	332.16	392.71	626.26	761.20	519.00	627.99	366.76	444.61
72	425.58	501.70	363.30	427.31	262.96	311.40	522.46	621.07	441.15	522.46	316.59	373.68	588.20	698.92	491.32	581.28	349.46	413.47	657.40	797.53	544.95	657.40	385.79	465.37
73	465.37	546.68	397.90	467.10	287.18	339.08	572.63	676.43	482.67	569.17	346.00	406.55	641.83	757.74	536.30	631.45	380.60	446.34	714.49	863.27	591.66	711.03	416.93	501.70
74	505.16	593.39	430.77	505.16	311.40	366.76	622.80	731.79	524.19	614.15	373.68	439.42	695.46	818.29	581.28	679.89	410.01	480.94	771.58	927.28	638.37	764.66	449.80	538.03
75	546.68	638.37	465.37	543.22	337.35	394.44	671.24	787.15	565.71	660.86	403.09	470.56	749.09	877.11	624.53	728.33	441.15	513.81	828.67	993.02	686.81	816.56	482.67	574.36
76	586.47	683.35	499.97	583.01	361.57	420.39	721.41	842.51	607.23	707.57	432.50	503.43	802.72	937.66	669.51	778.50	472.29	548.41	885.76	1057.03	733.52	870.19	513.81	610.69
77	626.26	730.06	534.57	621.07	385.79	448.07	769.85	897.87	648.75	754.28	461.91	536.30	856.35	996.48	714.49	826.94	503.43	583.01	944.58	1121.04	780.23	922.09	546.68	647.02
78	690.27	799.26	588.20	679.89	423.85	491.32	847.70	984.37	714.49	825.21	508.62	586.47	939.39	1086.44	783.69	903.06	550.14	634.91	1031.08	1217.92	851.16	1001.67	596.85	700.65
79	754.28	868.46	643.56	740.44	463.64	534.57	925.55	1069.14	778.50	896.14	553.60	636.64	1020.70	1176.40	851.16	977.45	598.58	686.81	1117.58	1314.80	923.82	1081.25	645.29	756.01
80	816.56	939.39	697.19	799.26	501.70	577.82	1001.67	1153.91	844.24	967.07	600.31	686.81	1103.74	1266.36	920.36	1051.84	647.02	738.71	1204.08	1409.95	994.75	1159.10	695.46	809.64
81	880.57	1008.59	750.82	859.81	541.49	621.07	1079.52	1238.68	909.98	1039.73	645.29	736.98	1186.78	1356.32	989.56	1127.96	693.73	790.61	1290.58	1506.83	1067.41	1238.68	745.63	863.27
82	942.85	1079.52	806.18	920.36	579.55	662.59	1157.37	1323.45	975.72	1110.66	692.00	787.15	1269.82	1448.01	1058.76	1202.35	742.17	842.51	1377.08	1601.98	1140.07	1318.26	794.07	918.63
83	1074.33	1223.11	916.90	1041.46	660.86	750.82	1314.80	1494.72	1108.93	1255.98	787.15	889.22	1435.90	1627.93	1198.89	1352.86	839.05	946.31	1551.81	1792.28	1281.93	1473.96	892.68	1025.89
84	1204.08	1364.97	1029.35	1164.29	740.44	839.05	1473.96	1667.72	1243.87	1401.30	880.57	989.56	1603.71	1807.85	1337.29	1503.37	934.20	1048.38	1724.81	1982.58	1425.52	1631.39	991.29	1133.15

Policy Form Series: LTC.04
With No Inflation
Nonforfeiture - Shortened Benefit Period
No Return of Premium
Current Annual Rates with Proposed 73% Increase
Rates per $10 Daily Benefits

	3 Year Benefit Period						**5 Year Benefit Period**						**7 Year Benefit Period**						**Unlimited Benefit Period**					
	Elimination Period						*Elimination Period*						*Elimination Period*						*Elimination Period*					
	30 Days	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*
Issue	*Home and Community Care*						*Home and Community Care*						*Home and Community Care*						*Home and Community Care*					
Age	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*
25	17.30	20.76	15.57	19.03	12.11	13.84	19.03	25.95	17.30	22.49	13.84	17.30	22.49	29.41	19.03	25.95	15.57	19.03	25.95	34.60	24.22	31.14	17.30	24.22
26	17.30	22.49	15.57	19.03	12.11	15.57	20.76	25.95	19.03	24.22	13.84	19.03	24.22	31.14	20.76	27.68	15.57	20.76	27.68	38.06	24.22	32.87	19.03	25.95
27	19.03	22.49	17.30	20.76	12.11	15.57	22.49	27.68	19.03	24.22	15.57	19.03	24.22	32.87	22.49	27.68	17.30	22.49	29.41	39.79	25.95	34.60	20.76	27.68
28	19.03	24.22	17.30	20.76	13.84	15.57	24.22	29.41	20.76	25.95	15.57	20.76	25.95	34.60	22.49	29.41	17.30	22.49	31.14	41.52	27.68	36.33	20.76	27.68
29	20.76	25.95	17.30	22.49	13.84	17.30	24.22	31.14	22.49	27.68	17.30	20.76	27.68	36.33	24.22	31.14	19.03	24.22	32.87	43.25	29.41	38.06	22.49	29.41
30	20.76	25.95	19.03	24.22	13.84	17.30	25.95	32.87	22.49	29.41	17.30	22.49	29.41	38.06	25.95	32.87	19.03	25.95	34.60	44.98	31.14	39.79	22.49	31.14
31	22.49	27.68	19.03	24.22	15.57	19.03	27.68	34.60	24.22	29.41	17.30	22.49	31.14	39.79	25.95	34.60	20.76	25.95	36.33	48.44	31.14	41.52	24.22	32.87
32	24.22	29.41	20.76	25.95	15.57	19.03	27.68	36.33	24.22	31.14	19.03	24.22	31.14	41.52	27.68	36.33	20.76	27.68	38.06	50.17	32.87	43.25	25.95	34.60
33	24.22	29.41	20.76	25.95	17.30	20.76	29.41	36.33	25.95	32.87	19.03	24.22	32.87	43.25	29.41	38.06	22.49	29.41	39.79	51.90	34.60	44.98	25.95	34.60
34	25.95	31.14	22.49	27.68	17.30	20.76	31.14	38.06	25.95	34.60	20.76	25.95	34.60	44.98	31.14	38.06	22.49	29.41	41.52	53.63	36.33	46.71	27.68	36.33
35	25.95	32.87	22.49	29.41	17.30	22.49	31.14	39.79	27.68	34.60	20.76	27.68	36.33	46.71	31.14	39.79	24.22	31.14	43.25	57.09	38.06	48.44	27.68	38.06
36	27.68	34.60	24.22	31.14	19.03	22.49	34.60	43.25	29.41	38.06	22.49	29.41	38.06	48.44	32.87	43.25	25.95	32.87	44.98	60.55	39.79	51.90	31.14	39.79
37	29.41	36.33	25.95	32.87	20.76	24.22	36.33	44.98	31.14	39.79	24.22	31.14	41.52	51.90	36.33	44.98	27.68	34.60	48.44	64.01	41.52	55.36	32.87	43.25
38	31.14	39.79	27.68	34.60	20.76	25.95	38.06	48.44	32.87	41.52	25.95	32.87	43.25	55.36	38.06	48.44	29.41	36.33	51.90	67.47	44.98	58.82	34.60	44.98
39	32.87	41.52	29.41	36.33	22.49	27.68	39.79	50.17	34.60	44.98	25.95	34.60	46.71	58.82	39.79	51.90	31.14	38.06	53.63	70.93	46.71	62.28	36.33	48.44
40	34.60	43.25	31.14	38.06	24.22	29.41	43.25	53.63	36.33	46.71	27.68	36.33	48.44	62.28	41.52	53.63	32.87	41.52	57.09	76.12	50.17	65.74	38.06	50.17
41	36.33	44.98	32.87	39.79	24.22	31.14	44.98	57.09	39.79	48.44	29.41	38.06	50.17	65.74	44.98	57.09	32.87	43.25	60.55	79.58	51.90	69.20	39.79	51.90
42	38.06	48.44	34.60	41.52	25.95	31.14	46.71	58.82	41.52	51.90	31.14	39.79	53.63	67.47	46.71	58.82	34.60	44.98	62.28	83.04	55.36	72.66	41.52	55.36
43	41.52	50.17	36.33	43.25	27.68	32.87	48.44	62.28	43.25	53.63	32.87	41.52	57.09	72.66	48.44	62.28	36.33	46.71	65.74	86.50	57.09	76.12	43.25	57.09
44	43.25	51.90	38.06	46.71	27.68	34.60	51.90	65.74	44.98	57.09	34.60	43.25	58.82	76.12	51.90	65.74	38.06	50.17	69.20	91.69	60.55	79.58	44.98	60.55
45	44.98	55.36	39.79	48.44	29.41	36.33	53.63	69.20	46.71	58.82	36.33	44.98	62.28	79.58	53.63	69.20	39.79	51.90	72.66	96.88	64.01	83.04	48.44	62.28
46	46.71	57.09	41.52	50.17	31.14	38.06	57.09	70.93	48.44	62.28	36.33	46.71	65.74	83.04	57.09	70.93	41.52	53.63	76.12	100.34	65.74	86.50	50.17	65.74
47	48.44	60.55	43.25	51.90	31.14	39.79	58.82	74.39	51.90	64.01	38.06	48.44	67.47	86.50	58.82	74.39	44.98	55.36	79.58	105.53	69.20	89.96	51.90	67.47
48	51.90	62.28	44.98	53.63	32.87	41.52	62.28	77.85	53.63	67.47	39.79	50.17	70.93	91.69	62.28	77.85	46.71	58.82	84.77	110.72	72.66	93.42	53.63	70.93
49	53.63	65.74	46.71	57.09	34.60	43.25	65.74	81.31	55.36	70.93	41.52	53.63	76.12	95.15	64.01	81.31	48.44	60.55	88.23	114.18	76.12	98.61	55.36	72.66
50	55.36	69.20	48.44	58.82	36.33	44.98	67.47	86.50	58.82	72.66	43.25	55.36	79.58	100.34	67.47	84.77	50.17	64.01	91.69	119.37	77.85	102.07	58.82	76.12
51	58.82	70.93	50.17	62.28	38.06	46.71	70.93	89.96	60.55	76.12	44.98	57.09	83.04	103.80	70.93	88.23	51.90	65.74	96.88	124.56	81.31	105.53	60.55	77.85
52	60.55	74.39	51.90	64.01	38.06	48.44	74.39	93.42	64.01	79.58	46.71	58.82	86.50	108.99	72.66	91.69	53.63	67.47	100.34	129.75	84.77	108.99	62.28	81.31
53	65.74	79.58	55.36	69.20	41.52	51.90	79.58	100.34	67.47	84.77	50.17	62.28	91.69	115.91	77.85	98.61	57.09	72.66	107.26	138.40	89.96	115.91	67.47	86.50
54	69.20	86.50	60.55	72.66	44.98	53.63	84.77	107.26	72.66	89.96	53.63	67.47	98.61	124.56	83.04	103.80	60.55	76.12	114.18	148.78	96.88	124.56	70.93	91.69
55	74.39	91.69	64.01	77.85	46.71	57.09	91.69	114.18	77.85	96.88	57.09	70.93	105.53	131.48	88.23	110.72	64.01	81.31	122.83	157.43	102.07	131.48	74.39	96.88
56	79.58	96.88	67.47	83.04	50.17	60.55	96.88	121.10	81.31	102.07	60.55	74.39	112.45	140.13	93.42	117.64	69.20	84.77	129.75	166.08	108.99	138.40	79.58	100.34
57	83.04	102.07	70.93	86.50	51.90	64.01	102.07	128.02	86.50	107.26	64.01	77.85	117.64	147.05	98.61	122.83	72.66	89.96	136.67	174.73	114.18	145.32	83.04	105.53
58	91.69	112.45	77.85	95.15	57.09	69.20	110.72	138.40	93.42	115.91	67.47	84.77	128.02	160.89	107.26	133.21	77.85	96.88	148.78	188.57	122.83	155.70	88.23	114.18
59	98.61	121.10	83.04	102.07	60.55	74.39	119.37	148.78	100.34	124.56	72.66	89.96	138.40	173.00	115.91	143.59	83.04	103.80	159.16	204.14	131.48	167.81	95.15	121.10
60	105.53	129.75	89.96	108.99	65.74	79.58	128.02	160.89	107.26	133.21	77.85	96.88	148.78	185.11	124.56	152.24	88.23	110.72	171.27	217.98	141.86	178.19	102.07	128.02
61	112.45	138.40	95.15	115.91	69.20	84.77	138.40	171.27	115.91	141.86	83.04	102.07	157.43	197.22	131.48	162.62	95.15	117.64	181.65	231.82	150.51	190.30	107.26	136.67
62	121.10	147.05	102.07	124.56	74.39	89.96	147.05	181.65	122.83	150.51	88.23	108.99	167.81	209.33	140.13	173.00	100.34	122.83	193.76	245.66	159.16	200.68	114.18	143.59
63	131.48	159.16	110.72	134.94	79.58	96.88	159.16	197.22	133.21	164.35	95.15	117.64	183.38	226.63	152.24	186.84	108.99	133.21	209.33	264.69	173.00	216.25	122.83	153.97
64	141.86	173.00	119.37	145.32	86.50	105.53	173.00	212.79	143.59	176.46	103.80	126.29	197.22	243.93	164.35	200.68	115.91	141.86	224.90	283.72	185.11	231.82	131.48	164.35
65	152.24	185.11	129.75	155.70	93.42	112.45	186.84	228.36	155.70	188.57	110.72	134.94	212.79	259.50	176.46	214.52	124.56	152.24	242.20	302.75	198.95	247.39	140.13	174.73
66	164.35	198.95	138.40	167.81	98.61	119.37	198.95	243.93	166.08	202.41	117.64	143.59	226.63	276.80	186.84	228.36	133.21	160.89	257.77	321.78	211.06	262.96	148.78	185.11
67	174.73	211.06	147.05	178.19	105.53	128.02	212.79	259.50	176.46	214.52	126.29	152.24	242.20	294.10	198.95	242.20	140.13	171.27	273.34	340.81	224.90	276.80	157.43	195.49
68	195.49	235.28	164.35	197.22	117.64	141.86	237.01	287.18	197.22	237.01	140.13	169.54	268.15	325.24	221.44	266.42	155.70	188.57	302.75	375.41	247.39	306.21	174.73	214.52
69	214.52	257.77	181.65	216.25	129.75	155.70	261.23	314.86	216.25	261.23	153.97	185.11	294.10	356.38	242.20	292.37	171.27	205.87	332.16	411.74	271.61	333.89	190.30	235.28
70	235.28	281.99	197.22	237.01	141.86	169.54	285.45	344.27	237.01	283.72	167.81	202.41	321.78	387.52	264.69	318.32	186.84	223.17	361.57	446.34	295.83	361.57	207.60	254.31
71	254.31	304.48	214.52	256.04	152.24	183.38	309.67	371.95	256.04	307.94	181.65	217.98	347.73	418.66	287.18	342.54	200.68	240.47	390.98	480.94	318.32	390.98	223.17	273.34
72	275.07	328.70	231.82	275.07	164.35	197.22	332.16	399.63	276.80	330.43	195.49	233.55	375.41	449.80	307.94	368.49	216.25	259.50	420.39	515.54	342.54	418.66	240.47	292.37
73	309.67	368.49	261.23	309.67	186.84	221.44	375.41	448.07	311.40	370.22	219.71	262.96	420.39	501.70	346.00	411.74	242.20	288.91	468.83	570.90	382.33	463.64	268.15	325.24
74	344.27	406.55	290.64	342.54	207.60	245.66	416.93	494.78	347.73	410.01	245.66	290.64	465.37	551.87	384.06	453.26	269.88	318.32	517.27	627.99	423.85	510.35	295.83	356.38
75	378.87	446.34	320.05	377.14	228.36	269.88	458.45	543.22	382.33	449.80	269.88	318.32	510.35	603.77	422.12	496.51	295.83	347.73	565.71	683.35	463.64	555.33	323.51	389.25
76	413.47	486.13	349.46	411.74	250.85	294.10	499.97	589.93	416.93	491.32	295.83	346.00	555.33	653.94	458.45	538.03	321.78	377.14	614.15	738.71	503.43	602.04	351.19	420.39
77	449.80	525.92	378.87	444.61	271.61	318.32	543.22	636.64	453.26	531.11	320.05	375.41	600.31	705.84	496.51	581.28	347.73	406.55	664.32	795.80	543.22	648.75	378.87	453.26
78	510.35	595.12	432.50	503.43	309.67	361.57	615.88	717.95	513.81	598.58	363.30	422.12	679.89	792.34	562.25	652.21	394.44	456.72	747.36	889.22	612.42	724.87	427.31	505.16
79	570.90	662.59	484.40	560.52	347.73	403.09	690.27	799.26	576.09	666.05	408.28	470.56	757.74	878.84	627.99	724.87	439.42	506.89	830.40	980.91	681.62	800.99	474.02	558.79
80	633.18	731.79	536.30	619.34	384.06	444.61	762.93	882.30	638.37	735.25	451.53	519.00	837.32	965.34	693.73	795.80	486.13	557.06	913.44	1074.33	749.09	877.11	522.46	612.42
81	693.73	799.26	589.93	678.16	422.12	486.13	837.32	963.61	700.65	802.72	496.51	567.44	915.17	1051.84	759.47	868.46	531.11	607.23	996.48	1167.75	818.29	953.23	570.90	664.32
82	756.01	868.46	641.83	735.25	460.18	527.65	909.98	1044.92	762.93	871.92	539.76	615.88	994.75	1138.34	825.21	941.12	577.82	657.40	1079.52	1259.44	887.49	1031.08	617.61	717.95
83	885.76	1010.32	752.55	856.35	539.76	615.88	1065.68	1212.73	892.68	1013.78	631.45	714.49	1157.37	1314.80	960.15	1086.44	671.24	757.74	1249.06	1446.28	1027.62	1183.32	714.49	821.75
84	1015.51	1153.91	863.27	977.45	617.61	702.38	1221.38	1382.27	1024.16	1153.91	723.14	814.83	1319.99	1491.26	1095.09	1233.49	764.66	859.81	1418.60	1633.12	1166.02	1335.56	809.64	927.28
85	1145.26	1297.50	973.99	1100.28	697.19	788.88	1377.08	1551.81	1153.91	1295.77	814.83	913.44	1482.61	1667.72	1231.76	1378.81	858.08	960.15	1588.14	1819.96	1306.15	1487.80	906.52	1031.08
86	1275.01	1439.36	1084.71	1221.38	776.77	875.38	1531.05	1719.62	1285.39	1437.63	906.52	1012.05	1645.23	1844.18	1366.70	1525.86	951.50	1060.49	1757.68	2006.80	1446.28	1641.77	1001.67	1136.61
87	1406.49	1582.95	1195.43	1342.48	856.35	961.88	1686.75	1889.16	1415.14	1579.49	998.21	1110.66	1809.58	2022.37	1501.64	1671.18	1044.92	1160.83	1927.22	2191.91	1586.41	1794.01	1098.55	1240.41
88	1555.27	1750.76	1321.72	1484.34	946.31	1063.95	1861.48	2086.38	1562.19	1742.11	1102.01	1226.57	1989.50	2223.05	1652.15	1838.99	1150.45	1276.74	2119.25	2409.89	1742.11	1972.20	1205.81	1363.24
89	1702.32	1916.84	1448.01	1626.20	1036.27	1166.02	2036.21	2281.87	1709.24	1906.46	1205.81	1340.75	2171.15	2425.46	1802.66	2006.80	1254.25	1392.65	2309.55	2626.14	1899.54	2148.66	1314.80	1486.07
90	1851.10	2084.65	1574.30	1768.06	1127.96	1268.09	2212.67	2477.36	1856.29	2070.81	1309.61	1456.66	2351.07	2627.87	1953.17	2172.88	1359.78	1510.29	2499.85	2842.39	2056.97	2326.85	1423.79	1608.90
91	1999.88	2252.46	1700.59	1909.92	1217.92	1368.43	2387.40	2674.58	2003.34	2233.43	1413.41	1572.57	2532.72	2830.28	2103.68	2340.69	1463.58	1626.20	2690.15	3058.64	2212.67	2503.31	1532.78	1731.73
92	2148.66	2418.54	1826.88	2051.78	1307.88	1470.50	2562.13	2870.07	2150.39	2397.78	1515.48	1686.75	2714.37	3032.69	2252.46	2508.50	1569.11	1742.11	2880.45	3276.62	2370.10	2681.50	1640.04	1854.56
93	2340.69	2634.79	1989.50	2235.16	1425.52	1601.98	2790.49	3126.11	2340.69	2612.30	1652.15	1837.26	2956.57	3302.57	2454.87	2731.67	1707.51	1897.81	3138.22	3568.99	2581.16	2920.24	1787.09	2018.91
94	2532.72	2851.04	2152.12	2418.54	1541.43	1733.46	3018.85	3382.15	2532.72	2825.09	1787.09	1987.77	3198.77	3574.18	2655.55	2954.84	1847.64	2051.78	3394.26	3861.36	2792.22	3158.98	1934.14	2184.99
95	2724.75	3067.29	2314.74	2600.19	1659.07	1864.94	3247.21	3638.19	2724.75	3039.61	1922.03	2138.28	3439.24	3844.06	2856.23	3179.74	1987.77	2207.48	3652.03	4153.73	3003.28	3397.72	2079.46	2351.07
96	2915.05	3283.54	2477.36	2783.57	1774.98	1994.69	3477.30	3894.23	2916.78	3254.13	2056.97	2288.79	3681.44	4115.67	3056.91	3402.91	2127.90	2363.18	3908.07	4444.37	3216.07	3636.46	2226.51	2515.42
97	3107.08	3498.06	2641.71	2966.95	1892.62	2126.17	3705.66	4150.27	3108.81	3466.92	2191.91	2439.30	3923.64	4385.55	3257.59	3626.08	2268.03	2518.88	4165.84	4736.74	3427.13	3876.93	2371.83	2681.50

Policy Form Series: LTC.04
With 5% Compound Inflation
Nonforfeiture - Shortened Benefit Period
No Return of Premium
Current Annual Rates with Proposed 73% Increase
Rates per $10 Daily Benefits

	3 Year Benefit Period						**5 Year Benefit Period**						**7 Year Benefit Period**						**Unlimited Benefit Period**					
	Elimination Period						*Elimination Period*						*Elimination Period*						*Elimination Period*					
	30 Days	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*	*30 Days*	*30 Days*	*90 Days*	*90 Days*	*365 Days*	*365 Days*
Issue	*Home and Community Care*						*Home and Community Care*						*Home and Community Care*						*Home and Community Care*					
Age	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*	*50%*	*100%*
25	122.83	147.05	105.53	128.02	77.85	95.15	152.24	186.84	129.75	160.89	96.88	119.37	176.46	217.98	150.51	186.84	110.72	136.67	205.87	264.69	176.46	224.90	129.75	166.08
26	124.56	150.51	107.26	129.75	79.58	96.88	153.97	190.30	131.48	162.62	98.61	121.10	178.19	221.44	152.24	188.57	112.45	140.13	209.33	268.15	178.19	228.36	131.48	169.54
27	126.29	152.24	108.99	131.48	81.31	98.61	157.43	193.76	134.94	166.08	98.61	122.83	181.65	224.90	155.70	192.03	114.18	141.86	212.79	273.34	181.65	231.82	133.21	171.27
28	128.02	155.70	110.72	133.21	83.04	98.61	159.16	197.22	136.67	167.81	100.34	124.56	185.11	230.09	157.43	195.49	115.91	143.59	216.25	276.80	185.11	235.28	136.67	174.73
29	129.75	157.43	112.45	134.94	83.04	100.34	162.62	198.95	138.40	171.27	102.07	126.29	188.57	233.55	160.89	197.22	117.64	145.32	219.71	281.99	186.84	238.74	138.40	176.46
30	133.21	159.16	114.18	138.40	84.77	102.07	164.35	202.41	140.13	173.00	103.80	128.02	190.30	237.01	162.62	200.68	119.37	148.78	223.17	285.45	190.30	242.20	140.13	179.92
31	134.94	162.62	115.91	140.13	86.50	103.80	167.81	205.87	143.59	176.46	105.53	129.75	193.76	240.47	164.35	204.14	121.10	150.51	226.63	288.91	192.03	245.66	141.86	181.65
32	136.67	164.35	117.64	141.86	86.50	105.53	169.54	209.33	145.32	178.19	107.26	131.48	197.22	243.93	167.81	207.60	122.83	152.24	230.09	294.10	195.49	249.12	143.59	183.38
33	138.40	167.81	119.37	143.59	88.23	107.26	173.00	212.79	147.05	181.65	108.99	133.21	198.95	247.39	169.54	209.33	124.56	153.97	233.55	297.56	198.95	252.58	145.32	186.84
34	140.13	169.54	121.10	145.32	89.96	108.99	174.73	216.25	148.78	183.38	110.72	134.94	202.41	250.85	173.00	212.79	126.29	157.43	237.01	302.75	200.68	256.04	148.78	188.57
35	141.86	173.00	122.83	148.78	91.69	110.72	178.19	217.98	152.24	186.84	112.45	136.67	205.87	254.31	174.73	216.25	128.02	159.16	240.47	306.21	204.14	259.50	150.51	192.03
36	145.32	176.46	126.29	152.24	93.42	112.45	181.65	223.17	155.70	190.30	114.18	140.13	209.33	261.23	178.19	221.44	131.48	162.62	245.66	313.13	209.33	264.69	153.97	195.49
37	148.78	179.92	128.02	155.70	95.15	115.91	185.11	228.36	159.16	195.49	117.64	143.59	214.52	266.42	183.38	226.63	133.21	166.08	250.85	320.05	212.79	271.61	157.43	198.95
38	152.24	185.11	131.48	159.16	96.88	117.64	190.30	233.55	162.62	198.95	119.37	147.05	219.71	271.61	186.84	231.82	136.67	169.54	257.77	326.97	217.98	276.80	159.16	204.14
39	157.43	188.57	134.94	162.62	100.34	121.10	193.76	238.74	166.08	204.14	122.83	150.51	224.90	278.53	192.03	235.28	140.13	173.00	262.96	333.89	223.17	281.99	162.62	207.60
40	160.89	192.03	138.40	166.08	102.07	122.83	198.95	243.93	169.54	207.60	124.56	153.97	230.09	283.72	195.49	240.47	143.59	176.46	268.15	340.81	226.63	288.91	166.08	212.79
41	164.35	197.22	140.13	169.54	103.80	124.56	202.41	249.12	173.00	212.79	126.29	155.70	235.28	290.64	198.95	245.66	145.32	179.92	273.34	347.73	231.82	294.10	169.54	216.25
42	167.81	200.68	143.59	173.00	105.53	128.02	207.60	254.31	176.46	216.25	129.75	159.16	240.47	295.83	204.14	250.85	148.78	183.38	280.26	354.65	237.01	299.29	173.00	221.44
43	169.54	204.14	145.32	174.73	107.26	129.75	209.33	257.77	178.19	219.71	131.48	160.89	242.20	299.29	205.87	254.31	150.51	185.11	281.99	359.84	238.74	302.75	174.73	223.17
44	171.27	205.87	147.05	176.46	107.26	129.75	211.06	261.23	179.92	221.44	131.48	162.62	245.66	302.75	207.60	256.04	152.24	186.84	285.45	363.30	242.20	306.21	176.46	224.90
45	173.00	207.60	148.78	178.19	108.99	131.48	214.52	264.69	183.38	224.90	133.21	164.35	247.39	306.21	211.06	259.50	153.97	188.57	288.91	368.49	243.93	309.67	178.19	226.63
46	174.73	211.06	150.51	179.92	110.72	133.21	216.25	266.42	185.11	226.63	134.94	166.08	250.85	309.67	212.79	261.23	153.97	190.30	292.37	371.95	247.39	313.13	179.92	228.36
47	176.46	212.79	150.51	181.65	110.72	134.94	219.71	269.88	186.84	228.36	136.67	167.81	254.31	314.86	214.52	264.69	155.70	192.03	295.83	375.41	249.12	314.86	181.65	230.09
48	179.92	216.25	153.97	185.11	112.45	136.67	223.17	275.07	188.57	231.82	138.40	169.54	257.77	318.32	217.98	268.15	157.43	195.49	301.02	382.33	252.58	320.05	183.38	233.55
49	183.38	221.44	155.70	188.57	114.18	138.40	226.63	278.53	192.03	235.28	140.13	173.00	262.96	323.51	221.44	271.61	160.89	197.22	306.21	387.52	256.04	323.51	185.11	235.28
50	185.11	224.90	159.16	190.30	115.91	140.13	230.09	283.72	195.49	238.74	141.86	174.73	266.42	328.70	224.90	276.80	162.62	200.68	309.67	392.71	259.50	326.97	188.57	238.74
51	188.57	228.36	160.89	193.76	117.64	141.86	235.28	288.91	197.22	242.20	143.59	176.46	271.61	333.89	228.36	280.26	164.35	202.41	314.86	397.90	262.96	332.16	190.30	240.47
52	192.03	231.82	164.35	197.22	119.37	143.59	238.74	292.37	200.68	247.39	145.32	179.92	275.07	339.08	231.82	283.72	166.08	205.87	320.05	403.09	266.42	335.62	192.03	242.20
53	198.95	240.47	169.54	204.14	122.83	148.78	247.39	304.48	207.60	254.31	150.51	185.11	285.45	351.19	238.74	294.10	173.00	211.06	330.43	416.93	275.07	346.00	197.22	249.12
54	205.87	249.12	174.73	211.06	128.02	153.97	256.04	314.86	214.52	262.96	155.70	190.30	295.83	363.30	247.39	302.75	178.19	217.98	340.81	430.77	283.72	356.38	204.14	256.04
55	212.79	257.77	181.65	217.98	131.48	159.16	264.69	325.24	223.17	271.61	160.89	197.22	304.48	375.41	256.04	311.40	183.38	224.90	351.19	442.88	292.37	366.76	209.33	262.96
56	221.44	266.42	186.84	224.90	134.94	164.35	273.34	335.62	230.09	280.26	166.08	202.41	314.86	387.52	262.96	321.78	188.57	230.09	363.30	456.72	301.02	377.14	214.52	269.88
57	228.36	275.07	193.76	233.55	140.13	169.54	281.99	346.00	237.01	288.91	171.27	207.60	325.24	397.90	271.61	330.43	193.76	237.01	373.68	470.56	309.67	387.52	221.44	276.80
58	237.01	285.45	200.68	242.20	145.32	176.46	294.10	359.84	247.39	301.02	176.46	216.25	339.08	413.47	281.99	344.27	200.68	245.66	387.52	487.86	321.78	401.36	228.36	285.45
59	247.39	297.56	209.33	250.85	150.51	181.65	306.21	373.68	256.04	311.40	183.38	223.17	351.19	429.04	292.37	356.38	207.60	254.31	403.09	505.16	332.16	413.47	237.01	294.10
60	256.04	309.67	217.98	261.23	157.43	188.57	316.59	387.52	266.42	323.51	190.30	231.82	365.03	446.34	302.75	368.49	214.52	261.23	416.93	522.46	344.27	427.31	243.93	304.48
61	266.42	320.05	224.90	269.88	162.62	195.49	328.70	401.36	275.07	333.89	197.22	238.74	377.14	461.91	313.13	380.60	223.17	269.88	432.50	539.76	356.38	441.15	250.85	313.13
62	276.80	332.16	233.55	278.53	167.81	202.41	340.81	415.20	285.45	346.00	202.41	247.39	390.98	477.48	325.24	392.71	230.09	278.53	446.34	557.06	366.76	454.99	259.50	321.78
63	288.91	347.73	245.66	292.37	176.46	211.06	358.11	434.23	299.29	361.57	212.79	257.77	410.01	498.24	339.08	410.01	240.47	288.91	467.10	579.55	384.06	472.29	269.88	333.89
64	302.75	363.30	256.04	306.21	183.38	219.71	373.68	453.26	313.13	377.14	221.44	268.15	427.31	519.00	354.65	427.31	249.12	301.02	486.13	602.04	399.63	491.32	280.26	346.00
65	316.59	378.87	268.15	318.32	192.03	230.09	390.98	472.29	326.97	392.71	231.82	278.53	446.34	539.76	368.49	442.88	259.50	311.40	505.16	624.53	415.20	508.62	290.64	358.11
66	330.43	394.44	278.53	332.16	198.95	238.74	408.28	491.32	339.08	408.28	240.47	288.91	463.64	560.52	384.06	460.18	269.88	323.51	525.92	647.02	430.77	527.65	301.02	370.22
67	344.27	410.01	290.64	346.00	207.60	247.39	425.58	510.35	352.92	423.85	250.85	299.29	482.67	581.28	397.90	477.48	280.26	333.89	544.95	671.24	446.34	544.95	311.40	382.33
68	366.76	435.96	309.67	366.76	221.44	262.96	453.26	543.22	377.14	449.80	266.42	318.32	513.81	615.88	423.85	505.16	297.56	354.65	577.82	709.30	474.02	576.09	330.43	403.09
69	389.25	463.64	328.70	389.25	235.28	278.53	480.94	574.36	399.63	475.75	281.99	337.35	543.22	650.48	448.07	534.57	314.86	373.68	612.42	747.36	499.97	607.23	349.46	423.85
70	413.47	489.59	347.73	411.74	249.12	294.10	508.62	607.23	422.12	503.43	299.29	354.65	574.36	685.08	474.02	562.25	332.16	394.44	645.29	785.42	527.65	638.37	366.76	446.34
71	435.96	515.54	366.76	434.23	261.23	309.67	536.30	638.37	446.34	529.38	314.86	373.68	603.77	719.68	498.24	591.66	349.46	413.47	678.16	825.21	553.60	669.51	385.79	467.10
72	458.45	541.49	385.79	454.99	275.07	325.24	563.98	669.51	468.83	555.33	330.43	392.71	634.91	754.28	524.19	619.34	366.76	432.50	711.03	863.27	581.28	700.65	404.82	487.86
73	498.24	584.74	420.39	493.05	299.29	352.92	612.42	723.14	510.35	600.31	359.84	423.85	686.81	811.37	567.44	667.78	396.17	465.37	766.39	925.55	626.26	752.55	435.96	524.19
74	536.30	629.72	453.26	531.11	323.51	380.60	659.13	776.77	550.14	645.29	389.25	454.99	738.71	868.46	610.69	714.49	425.58	499.97	820.02	986.10	671.24	802.72	467.10	558.79
75	576.09	672.97	487.86	569.17	347.73	406.55	707.57	830.40	589.93	690.27	416.93	487.86	790.61	925.55	653.94	762.93	456.72	532.84	875.38	1048.38	717.95	854.62	498.24	593.39
76	615.88	717.95	520.73	607.23	371.95	434.23	756.01	884.03	631.45	735.25	446.34	519.00	840.78	982.64	697.19	809.64	486.13	565.71	930.74	1108.93	762.93	904.79	529.38	629.72
77	653.94	761.20	555.33	643.56	396.17	461.91	802.72	937.66	671.24	780.23	474.02	550.14	892.68	1039.73	740.44	858.08	515.54	598.58	986.10	1171.21	807.91	956.69	562.25	664.32
78	717.95	832.13	608.96	704.11	435.96	505.16	880.57	1022.43	736.98	852.89	520.73	602.04	975.72	1129.69	809.64	932.47	563.98	650.48	1072.60	1266.36	880.57	1036.27	610.69	719.68
79	781.96	901.33	662.59	764.66	474.02	548.41	958.42	1107.20	802.72	923.82	567.44	652.21	1058.76	1219.65	877.11	1008.59	612.42	702.38	1159.10	1363.24	951.50	1114.12	660.86	773.31
80	844.24	972.26	717.95	823.48	513.81	589.93	1036.27	1191.97	868.46	994.75	612.42	702.38	1141.80	1311.34	946.31	1082.98	660.86	754.28	1245.60	1458.39	1024.16	1193.70	711.03	826.94
81	908.25	1041.46	771.58	884.03	551.87	633.18	1112.39	1276.74	934.20	1067.41	659.13	752.55	1223.11	1401.30	1015.51	1157.37	707.57	806.18	1332.10	1555.27	1095.09	1273.28	759.47	882.30
82	972.26	1112.39	826.94	942.85	591.66	676.43	1190.24	1361.51	999.94	1138.34	705.84	802.72	1306.15	1491.26	1084.71	1233.49	756.01	859.81	1418.60	1650.42	1167.75	1351.13	809.64	935.93
83	1105.47	1259.44	941.12	1069.14	672.97	766.39	1354.59	1539.70	1136.61	1287.12	800.99	906.52	1479.15	1676.37	1228.30	1387.46	854.62	963.61	1596.79	1845.91	1314.80	1512.02	909.98	1044.92
84	1240.41	1408.22	1055.30	1195.43	756.01	856.35	1517.21	1717.89	1273.28	1435.90	897.87	1010.32	1650.42	1863.21	1371.89	1541.43	953.23	1069.14	1774.98	2043.13	1461.85	1672.91	1010.32	1153.91

State:	*Virginia*	**Filing Company:**	*TIAA-CREF Life Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	Please see the attached revised Certification of Compliance
Attachment(s):	VACERTFILINGrevised.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Product Checklist
Comments:	Please see the attached signed checklist
Attachment(s):	VA ILTC chklst - TC Life.pdf
Item Status:	Received & Acknowledged
Status Date:	07/01/2016

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	please see the attached revised ACT Memo
Attachment(s):	VA - ActMemo_2015_Rate_Stability (Revised 08_16_2017)_ALL.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Please see the attached Rate Request Summary and narrative
Attachment(s):	Narrative for Rate Development.pdf VA-FilingRulesAttachment - T-C Life.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	L&H Readability - Health
Comments:	please see the attached readability certification
Attachment(s):	VACERTREAD LCUL.04-TC Life.pdf
Item Status:	Received & Acknowledged
Status Date:	07/01/2016

Satisfied - Item:	TIAA Policyholder Increase Letter - attached to the Form Schedule
Comments:	TIAA Policyholder Increase Letter was attached to the Form Schedule
Attachment(s):	
Item Status:	Received & Acknowledged

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Status Date:	10/31/2019

Satisfied - Item:	VA TC-Life Objection Response 2017-03-28 (META-130630165)
Comments:	Please see the attached VA TC-Life Objection Response 2017-03-28 (META-130630165)
Attachment(s):	VA TC-Life Objection Response 2017-03-28 (META-130630165).pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments
Comments:	Please see the attached VA MET04_TC-Life Objection Response 2017-03-28 - Attachments
Attachment(s):	VA MET04_TC-Life Objection Response 2017-03-28 - Attachments.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Statement of Variable for the LCUL
Comments:	Please see the attached Statement of Variable for the LCUL
Attachment(s):	EOV_VA LCUL.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	T-C Life Response Letter VA 9-25-18
Comments:	please see the attached T-C Life Response Letter VA 9-25-18
Attachment(s):	T-C Life Response Letter VA 9-25-18.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	VA (TC-Life-Rate) Obj Response 2017-10-04 -attachments
Comments:	please see the attached VA (TC-Life-Rate) Obj Response 2017-10-04 -attachments
Attachment(s):	VA (TC-Life-Rate) Obj Response 2017-10-04 -attachments.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Response Letter 12.7.18
Comments:	Attached is the Response Letter 12.7.18
Attachment(s):	T-C Life Response Letter VA 12-5-18.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Satisfied - Item:	Coverage Change Form-REDLINE Version (revised)
Comments:	Please see the attached revised Coverage Change Form-REDLINE Version.
Attachment(s):	VA TCLife_Coverage Change Form_REDLINE 10-3-19.pdf
Item Status:	Received & Acknowledged
Status Date:	11/19/2019

Satisfied - Item:	Explanation of Variables_Coverage Change-Moved to Form Schedule
Comments:	Moved to the Form Schedule Tab
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Explanation of Variables_Policyholder Letter-Moved to Form Schedule
Comments:	Moved to the Form Schedule Tab
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Policy Schedule
Comments:	Attached is the Policy Schedule
Attachment(s):	Policy Schedule-LTC.04 (template).pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	TCL-LTC.04
Comments:	Attached is the TCL-LTC.04
Attachment(s):	TCL-LTC.04 VA.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	TCL-LTC-CPI.04
Comments:	Attached is the TCL-LTC-CPI.04
Attachment(s):	TCL-LTC-CPI.04.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Satisfied - Item:	Inflation COSMO Language
Comments:	Attached is the Inflation COSMO Language
Attachment(s):	TIAA Inflation 2019 template COSMO language_10.2018.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	04 Approval
Comments:	Attached is the 04 Approval
Attachment(s):	VA 04 Approval.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Response Letter 2019-03-13
Comments:	Please see the attached Response Letter 2019-03-13
Attachment(s):	TC Life Response Letter VA 3-5-19.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Response Objection 2019-08-08
Comments:	Please see the attached Response letter for the second Objection received on 2019-08-08.
Attachment(s):	TC Life Response Letter VA 8-22-19.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Objection Response 2019-08-29
Comments:	Please see the attached Objection Response 2019-08-29
Attachment(s):	VA TIAA (TC-Life-Rate) Objection Response 8-8-2019 - (META-130630165).pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Attachment 2
Comments:	Please see the attached Attachment 2
Attachment(s):	VA CT14-75 Objection Response 2019-08-08 - Attachment 2.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Attachment-ALR

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Comments:	Please see the attachment to supplement our response.
Attachment(s):	Attachments_10082019.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	ALR Response
Comments:	Please see the attached ALR Response.
Attachment(s):	VA Response to ALR.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Objection Response
Comments:	Please see the attached Objection Response.
Attachment(s):	VA TIAA (TC-Life-Rate) Objection Response 10-9-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	ALR Nationwide Calculations
Comments:	Please see the attached ALR Nationwide Calculations.
Attachment(s):	Attachments_10242019.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Policyholder Letter-REDLINE Version
Comments:	Please see the attached Policyholder Letter-REDLINE Version.
Attachment(s):	DRAFT TCLIFE indem_VA PH Ltr_REDLINED 10-3-19.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Shared Care Benefit Rider
Comments:	Please see the attached Shared Care Benefit Rider.
Attachment(s):	TCL-LTC-SCA.04.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	Survivor Waiver Rider
Comments:	Please see the attached Survivor Waiver Rider.

State: *Virginia* **Filing Company:** *TIAA-CREF Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2014 TIAA Rate Increase /CT14-75 (T-C Life - Rate) (resub1) (RW)*

Attachment(s):	TCL-LTC-SW.04.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2019

Satisfied - Item:	EOV- PH Letter and Covg Change Form
Comments:	Please see the attached Explanation of Variables Policyholder Notification Letter (Revised) and Coverage Change Form.
Attachment(s):	EOV_VA Coverage Change form.pdf EOV_VA PH Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	11/19/2019

Satisfied - Item:	TIAA Contingent Rider - 04
Comments:	Please see the attached TIAA Contingent Rider - 04.
Attachment(s):	TIAA Contingent Rider - 04.pdf
Item Status:	Received & Acknowledged
Status Date:	11/19/2019

Satisfied - Item:	Response to Objection
Comments:	Please see the attached Response to Objection 2019-11-05.
Attachment(s):	TC Life Response Letter VA 11-11-19.pdf
Item Status:	Received & Acknowledged
Status Date:	11/19/2019

Satisfied - Item:	Response to Objection 2019-11-12
Comments:	Please see the attached Response to Objection 2019-11-12.
Attachment(s):	TC Life Response Letter VA 11-12-19.pdf
Item Status:	Received & Acknowledged
Status Date:	11/19/2019

Satisfied - Item:	John Doe-PH Ltr and Coverage Change Form
Comments:	Please see the attached John Doe-PH Ltr and Coverage Change Form.
Attachment(s):	John Doe version_TC LIFE_PH Letter.pdf John Doe_VA TCLife_Coverage Change Form.pdf
Item Status:	Received & Acknowledged
Status Date:	11/19/2019

TIAA-CREF LIFE INSURANCE COMPANY
NAIC Company Number: 60142

VIRGINIA CERTIFICATION OF COMPLIANCE

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with the applicable statutes, regulations, and bulletins of the state of Virgina. I further certify that they will be revised and/or discontinued in the event of future changes in the statutes, regulations, or bulletins which would prohibit the use of such forms.

William P. Bigelow, FSA, MAAA
Vice President and Actuary

Date: September 07, 2017

VACERTFILING

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability certification	14 VAC 5-110-60	Readability certification is required.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
LTC personal suitability worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Entire consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective or terminates is expressed in the policy.
DMAS Payor of last resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of eligible family members	§ 38.2-3500 C	
Renewal provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution notice	14 VAC 5-200-80 C 2	Required language.
30-day free look	§ 38.2-5208 A	
Notice to buyer	14 VAC 5-200-170 A 3	Required language.
Policy Provisions		
General		
Entire contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of claim	§ 38.2-3503 5	
Claim forms	§ 38.2-3503 6	
Proof of loss	§ 38.2-3503 7	
Time payment of claims	§ 38.2-3503 8	The provision specifies **when** benefits will be paid.
Payment of claims	§ 38.2-3503 9	The provision specifies **to whom** benefits will be paid
Physical examinations and autopsy	§ 38.2-3503 10	
Legal actions	§ 38.2-3503 11	
Change of beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Long term care incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of occupation	§ 38.2-3504 1	
Misstatement of age	§ 38.2-3504 2	
Other insurance in this company	§ 38.2-3504 3	
Insurance with other company	§ 38.2-3504 4	
Unpaid premiums	§ 38.2-3504 7	
Conformity with state statutes	§ 38.2-3504 9	Must use “resides” language
Illegal occupation	§ 38.2-3504 10	
Intoxicants and narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person’s right to recovery for personal injuries from a third person.
	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract. Motor vehicle no-fault law as referred in 14 VAC 5-200-60 B may not be part of a policy exclusion.
	§ 38.2-3405 C	The statute discusses exceptions to exclusions due to benefits payable under workers’ compensation.
Minimum standards for home health care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of premium for cancellation or termination of policy	§ 38.2-5202.1	Provides for the termination of the policy by the **insured** and for cancellation of the policy by the **insurer.**

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Preexisting condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations".
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Required to offer inflation protection	14 VAC 5-200-100 A	
Signed acceptance for riders and amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
Disclosures		
	§ 38.2-5207	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4	A tax-qualified plan must be definitively identified as such.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at
http://www.state.va.us/scc/division/boi/webpages/administrativeltrs.htm

The Life and Health Division, Forms and Rates Section handles individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: Gina Jisonna

Name (please print): **Gina Jisonna**

Company Name: **TIAA-CREF Life Insurance Company**

Date: **6/28/16** Phone No: (**860**) **656-3809** FAX No: (**860**) **656-3815**

E-Mail Address: **gjisonna@metlife.com**

June 27, 2016

Re: TCL-LTC.04 (VA) Ed. 4/00 issued by Metropolitan Life Insurance Company (MetLife)

Attached is the filing for the captioned forms. This letter provides an overview of the filing and notes on some of the content. After a careful review of earlier filings, we have endeavored to reflect in this filing additional content based on all the questions submitted by your Department. Hopefully, this will make your review easier and more effective.

Filing Overview

In addition to this Overview, this filing consists of the Actuarial Memorandum and supporting Attachments based on earlier reviews. These documents are outlined and summarized here for your convenience.

Actuarial Memorandum – Background for rate action request, Actuarial Certification
Exhibit I(a) – Lifetime Loss Ratio ("LLR")
Earned Premium and Incurred Claims
Nationwide Pre-Rate Stability experience, Statutory valuation rate
LLR without rate increase – 119.8%; with rate increase – 100.2%
Exhibit I(b) – Lifetime Loss Ratio ("LLR")
Earned Premium and Incurred Claims
Nationwide Post-Rate Stability experience, Statutory valuation rate
LLR without rate increase – 116.3%; with rate increase – 94.9%
Exhibit II(a)/(b) – Demonstration rate action meets Rate Stability limitations in accordance with Section 14VAC5-200-150B and 14VAC5-200-153

Title	**Description**
Actuarial Memorandum Exhibit I (a), (b)	Lifetime Loss Ratio ("LLR") illustration with/without proposed rate increase of 73% using ***Nationwide*** experience and weighted average statutory discount rate of 4.51%, for pre- and post-rate stability experience, respectively
Exhibit II (a), (b)	Demonstration of rate action meeting Rate Stability limitations in accordance with Section 14VAC5-200-150B and 14VAC5-200-153
Review of Prior Correspondence Attachment 1	Lifetime Loss Ratio ("LLR") illustration with/without proposed rate increase of 73% using ***Virginia*** experience and weighted average statutory discount rate of 4.51% LLR without rate increase – 112.3%; with rate increase – 91.9%
Attachment 2	Historical Calendar Year Changes in Active Life

	Reserves
Attachment 3	Comparison of Assumptions
Attachment 4	Lifetime Loss Ratio ("LLR") illustration with proposed rate increase of 73% applied since inception using ***Nationwide*** experience and original pricing interest rate of 4.51% LLR with rate increase – 69.0%
Attachment 5	Lifetime Loss Ratio ("LLR") illustration with proposed rate increase of 73% applied since inception using ***Virginia*** experience and original pricing interest rate of 4.51% LLR with rate increase – 64.9%

Additional Notes

MetLife requests the rate action based on deviations from anticipated experience outlined in the Actuarial Memorandum and the supporting attachments. Lifetime Loss Ratios exceed all minimum requirements in Virginia as well as the application of rate stability standards even at the full requested rate action.

We note that, despite the rate action requested, the experience of the block does not fully return to pricing levels. In general, the rate action addresses primarily future experience and does not seek to recover historical losses. We will continue, of course, to monitor and adjust experience assumptions and reserve the right to update those in the future along with requesting any resulting changes in premium rates.

Thank you for your consideration. I look forward to hearing from you.

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

METROPOLITAN LIFE INSURANCE COMPANY

as an Administrator of TIAA-CREF Life Insurance Company

New York, NY

Actuarial Memorandum

June 27, 2016

This actuarial memorandum pertains to individual long-term care policies for which:

- Metropolitan Life Insurance Company ("MetLife") acts as administrator on behalf of Teachers Insurance and Annuity Association ("TIAA"), under an administrative agreement between MetLife and TIAA that became effective on May 1, 2004;
- MetLife acts as administrator on behalf of TIAA-CREF Life Insurance Company ("T-C Life") under an administrative agreement between MetLife and T-C Life that became effective on May 1, 2004; or
- MetLife is the direct insurer through assumption reinsurance agreements with TIAA and T-C Life.

Please note that our request to Virginia for rate increase authorization pertains only to: LTC.04 policies (defined below) issued and delivered by T-C Life in your state which are either insured by T-C Life (indemnity reinsured by MetLife) or insured by MetLife (through assumptive reinsurance).

For purposes of analyzing past and future policy experience (including the projected lifetime loss ratio) in this actuarial memorandum, we are treating all policies (LTC.02, LTC.03, LTC.04) issued nationwide as one block of business.

Policy Forms

Policy Form Series Originally Issued by T-C Life

Because the individual long-term care insurance policies issued by T-C Life in your state were not issued under an exemption from licensure, we are seeking approval from your department of a premium rate schedule increase on these forms. The policies described below are either administered by MetLife on behalf of T-C Life or assumed by MetLife:

TCL-LTC.04 Policy Form Series - this policy form series is referred to as LTC.04 throughout this actuarial memorandum and includes the following policy form(s):

TCL-LTC.04 (VA)

LTC.04 also includes any riders or endorsements approved for issue with the above listed policy.

Dates of Issue

LTC.04 is no longer being issued. LTC.04 forms were issued in VA from 2002 to 2004. Nationwide, the last policies were issued in 2004.

METROPOLITAN LIFE INSURANCE COMPANY

as an Administrator of TIAA-CREF Life Insurance Company

New York, NY

Actuarial Memorandum

June 27, 2016

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

2. Description of Benefits

LTC.04 is a comprehensive long-term care insurance policy form series. These long-term care policy forms provide benefits for care in a facility and care at home for insureds who are unable to perform a certain number of activities of daily living or who suffer cognitive impairment. Each of the series has optional benefits, including, but not limited to, nonforfeiture and inflation protection benefits.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

This filing is applicable to *inforce LTC.04 policies only*, as these policy forms are no longer being sold in the market. The premium changes will apply to the base forms as well as all applicable riders.

5. Actuarial Assumptions

a. Expected Claim Costs are the product of attained age frequency rates and continuance curves, adjusted by utilization factors and underwriting selection factors based on actual experience through June 2014.

b. Voluntary Termination Rates vary by duration as developed from actual experience through June 2014 and are shown in the following table:

Voluntary Termination Rates

Policy Duration	Lapse Rate
1	5.00%
2	4.50%
3	3.00%
4	2.00%
5	1.50%
6	0.70%

Policy Duration	Lapse Rate
7	0.70%
8	0.70%
9+	0.70%

In the year of rate increase implementation, it is assumed that an additional 0.5% of policies lapse and there is a 5.5% net reduction to premiums and benefits due to benefit downgrades.

c. Mortality 82% of Annuity 2000 Basic Table with selection consistent with experience.

d. Adverse Selection No adverse selection is assumed.

e. Expenses Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions are based on actual inforce experience of MetLife and are deemed reasonable for these particular policy forms. The assumptions used in this filing were developed from the actual experience on these forms and supplemented, as needed, based on the experience of other forms.
In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

6. Marketing Method

These policy forms were marketed through direct response methods without the use of agents or brokers.

7. Underwriting Description

Individual medical underwriting was performed based on health status, functional capacity, and other health data.

8. Premiums

Premium rates are level premiums from the date of issue except when Periodic Inflation Additions are taken. Premiums do not vary by occupation or sex. Premiums do vary by plan design, payment method, and the selection of additional riders.

9. Issue Age Range

These policy forms were issued up to age 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors are applied to the annual premium (AP):

Premium Mode	Modal Factors for Direct Payment Methods	Modal Factors for Automatic Payment Methods
Annual	1.00*AP	1.00*AP
Semi-Annual	0.51*AP	0.50699*AP
Quarterly	0.26*AP	0.25527*AP
Monthly	0.088*AP	0.08549*AP

12. Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2014 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2014 have been allocated to a calendar year of incurral and included in historical incurred claims.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for LTC.04 policy forms are shown in Exhibit I(a) and Exhibit I(b). Exhibit I(a) contains experience for policy forms that were issued before VA rate stability date of October 1, 2003 and Exhibit I(b) contains experience for policy forms that were issued on or after VA rate stability date of October 1, 2003.

Historical experience is shown by claim incurral year. Claim payments and reserves were discounted to the mid-point of the year of incurral at the weighted average maximum valuation interest rate for contract reserves which is 4.51%. Incurred but not reported reserve balances as of December 31, 2014 have been allocated to a calendar year of incurral and included in historical incurred claims.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of December 31, 2014 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the weighted average maximum valuation interest rate for contract reserves, which is 4.51%.

15. Projected Earned Premiums and Incurred Claims

Earned premiums for projection years 2015 through 2095 are developed by multiplying each prior period's earned premium (starting with December 31, 2014 actual earned premium) by a persistency factor. For a year in which the rate increase is effective, the earned premium prior to the increase is multiplied by 1 plus the rate increase percent and an effectiveness factor.

Each projection year claim amount is calculated by multiplying incidence, continuance and utilization factors by the policy and rider benefits on a seriatim basis.

Present and accumulated values in the lifetime projections in Exhibit I(a) and Exhibit I(b) are determined at the average maximum valuation interest rate for contract reserves applicable to LTC business issued in the years in which the applicable business of this filing were issued. The maximum valuation interest rate averages 4.51%.

The assumptions used in the projections in Exhibit I(a) and Exhibit I(b) were developed from the company's LTC insurance experience.

Projections in Exhibit II(a), associated with policy forms issued before October 1, 2003, provides a demonstration that the expected loss ratio is the greater of: 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule; plus 80% applied to any premium rate increase for individual policy forms.

Projections in Exhibit II(b), associated with policy forms issued on or after October 1, 2003, provide a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%,
2. 85% of the accumulated value of prior premium rate schedule increases,
3. Present value of future projected initial earned premium times 58%, and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

16. History of Previous Rate Increases

There have been no previous rate increases on these policy forms.

17. Requested Rate Increase

The company is requesting an increase of 73% for all policyholders. Corresponding rate tables reflecting the 73% increase are included with this filing. Please note that the actual rates implemented may vary from those in Exhibit I slightly due to implementation rounding algorithms.

18. Analysis Performed

The initial premium schedule was based on pricing assumptions believed to be appropriate, given the information available at the time the initial rate schedule was developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

a. Incidence and continuance rates for nursing home care were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications. Home health care incidence and continuance rates were based on the nursing home care rates with modifications.

b. Voluntary termination rates vary by duration and issue age as shown in the following table[1].

	Issue Age											
Duration	25	35	42	47	52	57	62	67	72	77	82	87+
1	5.00%	6.00%	6.00%	6.00%	6.00%	6.00%	4.00%	3.00%	3.00%	3.00%	3.00%	0.00%
2	4.50%	5.50%	5.50%	5.50%	5.50%	5.50%	3.50%	3.00%	3.00%	2.50%	2.50%	0.00%
3	4.00%	5.00%	5.00%	5.00%	5.00%	5.00%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
4	3.50%	4.50%	4.50%	4.50%	4.50%	4.50%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
5	3.00%	4.00%	4.00%	4.00%	4.00%	4.00%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
6	2.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
7	2.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
8	1.50%	2.50%	2.50%	2.50%	2.50%	2.50%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
9	1.00%	2.30%	2.30%	2.30%	2.30%	2.30%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
10	1.00%	2.00%	2.00%	2.00%	2.00%	2.00%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
11	1.00%	1.80%	1.80%	1.80%	2.00%	2.00%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
12	1.00%	1.50%	1.50%	1.50%	2.00%	2.00%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
13	1.00%	1.30%	1.30%	1.50%	2.00%	2.00%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
14	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	3.00%	3.00%	3.00%	2.00%	2.00%	0.00%
15	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
16	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
17	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%

[1] For certain younger issue ages with specific inflation options only, policy form series LTC.02 had slightly higher lapse rates in some durations.

18	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
19	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
20	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
21	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
22	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
23	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
24	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
25+	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	1.00%	1.00%	1.00%	1.00%	0.00%

c. Mortality was assumed based on TIAA's own 1983 Table A Merged Gender Mod 1 (with ages set back 4.5 years)

Age	Mortality
22	0.000348
27	0.000435
32	0.000548
37	0.000664
42	0.000857
47	0.001356
52	0.002327
57	0.003694
62	0.005352
67	0.007955
72	0.012906
77	0.021114
82	0.035309
87	0.059251
92	0.097039
97	0.149565
102	0.363419
107	0.480274
110	1.000000

d. Investment earnings rate was assumed at 5.75%.

As part of the inforce management of the business, MetLife monitors the performance of the business by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. A model of this business was developed for use in the cash flow testing that is part of the company's annual statutory reporting requirements. Using this model, a future projection of these policies under the new experience assumptions was performed and the projected lifetime loss ratio for these policies was determined. For these policies, the past experience and future projections based on current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements.

The experience analysis, management's view of when a change to the original rate schedule may be considered and the seriatim inforce and claim data used in developing the projections in Exhibit I(a) and Exhibit I(b) have been relied upon by the actuary in the development of this memorandum.

19. Loss Ratio Requirement Compliance Demonstration

Projected experience assuming the increase is implemented are shown in Exhibit I(a) and Exhibit I(b). As shown in these exhibits, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio requirements.

20. Average Annual Premium

The average December 31, 2015 annualized premium for all premium-paying policies before and after the current requested increase of 73% are:

Before increase:	$2,166
After current requested 73% increase:	$3,746

The average December 31, 2015 annualized premium for all premium-paying policies issued in VA before and after the current requested increase of 73% are:

Before increase:	$1,769
After current requested 73% increase:	$3,060

21. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following at least a 75-day policyholder notification period following approval.

22. Nationwide Distribution of Business as of December 31, 2015 (based on premium-paying policies inforce count)

By Policy Form

Policy Form	Count	Percent
LTC.04	9,621	30%

METROPOLITAN LIFE INSURANCE COMPANY

as an Administrator of TIAA-CREF Life Insurance Company

New York, NY

Actuarial Memorandum

June 27, 2016

By Issue Age

Issue Ages	Count	Percent
<40	44	0%
40-49	587	6%
50-59	3,535	37%
60-64	2,669	28%
65-69	1,828	19%
70-74	773	8%
75-79	167	2%
>79	18	0%
Total	9,621	100%

By Elimination Period

Elimination Period	Count	Percent
30-day	1,420	15%
60-day	0	0%
90-day	7,564	79%
100-day	0	0%
365-day	637	7%
Total	9,621	100%

By Benefit Period

Benefit Period	Count	Percent
3 Year	2,923	30%
5 Year	3,356	35%
7 Year	528	5%
Lifetime	2,814	29%
Total	9,621	100%

By Inflation Option

Inflation Option	Count	Percent
3% Capped	0	0%
5% Capped	0	0%
5% Uncapped	1,686	18%
No Inflation	7,935	82%
Total	9,621	100%

By Home Care Percentage

HC%	Count	Percent
50%	2,310	24%
100%	7,311	76%
Total	9,621	100%

23. Number of Policyholders

As of December 31, 2015, the number of premium-paying policies inforce and premiums that will be affected by this increase are:

	Issued Before Rate Stability Regulation Effective Date		Issued On or After Rate Stability Regulation Effective Date	
	Number of Insured	12/31/2015 Annualized Premium	Number of Insured	12/31/2015 Annualized Premium
VA	211	$367,742	63	$116,923
Nationwide	8,284	$17,902,444	1,337	$2,932,148

24. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

METROPOLITAN LIFE INSURANCE COMPANY

as an Administrator of TIAA-CREF Life Insurance Company

New York, NY

Actuarial Memorandum

June 27, 2016

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of VA.

The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience. I certify that for the 63 insureds under the post-rate stability policies only (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect moderately adverse conditions are realized, no further premium rate schedule increases are anticipated. Moderately adverse conditions are interpreted as those conditions where aggregate experience deviates unfavorably from the aggregate experience assumptions used in determining the lifetime projections, such that the value of the deviation is equal to 5% of gross premiums or more.

I further certify that:

- the analysis described in Section 18 of this memorandum was used in determining the need for a rate increase;
- the policy design, underwriting and claims adjudication practices have been taken into consideration in this rate increase request;
- the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because we are no longer marketing new business.

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

METROPOLITAN LIFE INSURANCE COMPANY

as an Administrator of TIAA-CREF Life Insurance Company

New York, NY

Actuarial Memorandum

June 27, 2016

The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience. I certify that for the 63 insureds under the post-rate stability policies only (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect moderately adverse conditions are realized, no further premium rate schedule increases are anticipated. Moderately adverse conditions are interpreted as those conditions where aggregate experience deviates unfavorably from the aggregate experience assumptions used in determining the lifetime projections, such that the value of the deviation is equal to 5% of gross premiums or more.

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- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because we are no longer marketing new business.

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

METROPOLITAN LIFE INSURANCE COMPANY

as an Administrator of TIAA-CREF Life Insurance Company

New York, NY

Supplement to the Actuarial Memorandum

June 27, 2016

1. Purpose of Filing

This supplement has been prepared for the purpose of providing additional information that may be helpful to the reviewer and may not be suitable for other purposes.

2. Compliance with 14VAC5-200-150B (as amended effective September 1, 2015) and 14VAC5-200-153

Because policies were sold both before and after October 1, 2003, we are demonstrating compliance with:

For policies issued before October 1, 2003:

a) the 60% loss ratio requirement (see Exhibit I(a));
b) the expected loss ratio is the greater of: 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule; plus 80% applied to any premium rate increase for individual policy forms (see Exhibit II(a)).

For policies issued on or after October 1, 2003:

a) the 60% loss ratio requirement (see Exhibit I(b));
b) the "58/85" loss ratio requirement (see Exhibit II(b))

3. Compliance with 14VAC5-130-70

We believe all information required has been provided in this filing. Attachment 2 provides the incurred loss ratios including active life reserves where available.

4. Nationwide and Virginia Specific Experience/Projections

Exhibit I(a) and Exhibit I(b) provide experience and projections on a nationwide basis. Attachment 1 provides Virginia-specific experience and projections. As required by 14VAC5-200-150B and 14VAC5-200-153C4, these attachments use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia.

5. Justification for Actuarial Assumptions

Recent experience studies based on MetLife's own data have led to material changes in assumptions about key parameters including lapse, mortality, claims incidence and claims severity.

METROPOLITAN LIFE INSURANCE COMPANY

as an Administrator of TIAA-CREF Life Insurance Company

New York, NY

Supplement to the Actuarial Memorandum

June 27, 2016

The study period was inception through June 30, 2014.

In general, the best-estimate for each assumption was determined based on the actual experience of each block of business. For certain items wherein experience was not deemed fully credible or where values of key parameters have or will change in the future, past experience is supplemented with judgment including the experience on other blocks. This is detailed for each assumption below.

Voluntary Lapse Rates

The experience was calculated by both issue age and policy duration groupings. Because lapse rates did not vary significantly by age, all issue ages were combined, leaving rates to vary by policy duration only. Certain forms deemed to have similar characteristics were combined for reasons of credibility and to aid in the determination of the ultimate lapse rate.

Voluntary Lapse Rates

Policy Year	Lapse Rate
1	5.00%
2	4.50%
3	3.00%
4	2.00%
5	1.50%
6	0.70%
7	0.70%
8	0.70%
9+	0.70%

Select and Ultimate Mortality Rates

The ultimate mortality experience is 82% of the Annuity 2000 Basic Table. In general, multiples of this table fit well to experience. The ultimate duration is eleven years. The mortality experience was calculated by both issue age and policy duration groupings. However, because of insignificant variation, the mortality assumption does not vary by issue age. Certain forms deemed to have similar characteristics were combined for reasons of credibility and to aid in the determination of the ultimate mortality rate.

METROPOLITAN LIFE INSURANCE COMPANY

as an Administrator of TIAA-CREF Life Insurance Company

New York, NY

Supplement to the Actuarial Memorandum

June 27, 2016

Mortality Selection Factors

Policy Year	Factor
1	25%
2	50%
3	55%
4	65%
5	70%
6	75%
7	80%
8	85%
9	90%
10	95%
11+	100%

Morbidity Selection Period and Factors

The analysis presumed that the measurable effects of underwriting eventually wore off such that the ultimate incidence rates would converge to an attained age scale rather than continue based on issue age and duration.

The calculation compared incidence rates for various policy durations at the same attained age points. Using this method, it is expected that later durations should always have higher incidence rates than earlier durations for a given attained age until selection has worn off at which point one should not be able to differentiate incidence rates by duration.

The Table below summarizes the findings.

Morbidity Selection Factors

Policy Year	Factor
1	58%
2	74%
3	83%
4+	100%

Ultimate Incidence Rates

Based on the selection period analysis, the ultimate period is defined as durations three and later. Raw ultimate attained age incidence rates were calculated separately for each gender and site of care. These rates were then grossed-up to zero-day elimination period equivalents to account for the impact of the various elimination periods inherent in the experience data. Where data were credible, the raw rates were smoothed across ages within each segment using an algorithm to solve a Whittaker-Henderson minimization. Where data were not credible, values were assumed based on relative values to other similar blocks of business with credible data.

Continuance

Continuance curves were developed by gender and site of care using data from all forms for reasons of credibility. The raw termination rates were smoothed using a nine-age moving average across claim ages for each claim duration.

Credible claim termination data ceased after four years for females and three years for males. To estimate claim termination rates beyond these claim durations, it was assumed that mortality was the only decrement (i.e., assume no recoveries). Using the attained age death rates from the credible period, a constant load to the 83GAM table was calculated for each gender and used to develop the late duration continuance. Because large mortality loads lead to the need to cap mortality rates from exceeding 1.0, the mortality loads of 3.30 (male) and 3.15 (female) were converted to survival loads of 0.79 (male) and 0.86 (female).

Final smoothing adjustments were made to ensure that the rates were positive and monotonically decreasing.

Utilization (Salvage)

This study defines utilization as the ratio of actual benefit dollars paid to the maximum benefit dollars payable under the provisions of the policy while on claim. This definition includes the reduction in benefits paid due to a) reimbursement of actual daily expenses incurred which are less than the maximum daily benefit amount (DBA) and b) reimbursement of expenses incurred only on days services are received. Note that this is consistent with the development of the continuance tables which represent calendar days rather than service days.

Note that while utilization rates under one hundred percent result in an immediate cost reduction, the lifetime pool of benefit dollars is not reduced. Effectively, this lengthens the benefit period which offsets some of the savings.

The results were analyzed for Facility Care and Home Care separately. Again, certain forms were combined for reasons of credibility. The facility care utilization factor is 78% and the home care utilization factor is 57%.

Credibility of Results

With over 8.5 million life years of exposure and 43,000 claims, 96,000 deaths and 284,000 lapses, the overall results are credible. However, at the cellular level, there are many points that are not credible. The level of credibility is a matter of judgment.

A standard statistical measure of credibility is

$$\text{Credibility} = \text{Min}\left(\sqrt{\frac{N}{271}}, 1\right)$$

where

- N is the number of claims
- 271 is the required number of claims corresponding to a 90% probability of being within 10% of the mean and is calculated as $(1.645/.1)^2$ where 1.645 is the value from the normal table at 90%.

The values of 90% and 10% are subjective, but it is commonly used in the industry.

6. Reserve Basis

The active life reserve is equal to the present value of future incurred benefits minus the present value of future valuation premium. The valuation premium is calculated using a one-Year Full Preliminary Term Methodology. The valuation interest rate is consistent with the interest rate applicable for similar whole life insurance policies. The mortality table used for valuation is 2000 Basic or 94 GAM table depending on the year of issue.

The claim reserve is equal to the present value of the future benefits for claims incurred prior to the valuation date. The valuation interesting interest rate is equal to or less than the whole life valuation rate in effect on the date the claim was incurred.

7. Comparison to Original Pricing Assumptions

There have been no prior rate increases on these forms. Attachment 3 provides a comparison of original pricing assumptions to the current assumptions.

8. Original Pricing and Current Lifetime Loss Ratios

The lifetime loss ratio anticipated in the original filings was 71%. The current projected loss ratio is 119.3%.

9. Restated Loss Ratio with Rate Increase Applied Historically

Attachments 4 and 5 provide nationwide and Virginia specific experience and projections, respectively, including the lifetime loss ratio, with the historical experience restated to what it would have been if the proposed premium had been charged since inception.

10. Rate Increase Assumptions versus Cash Flow Testing Assumptions

Other than interest rate, the assumptions used in the rate increase projections are no more conservative than used in last year's asset adequacy testing.

11. Conservatism in Assumptions

With the exception of the discount rate which is shown at various levels, all assumptions reflect best estimates and contain no conservatism.

12. Policyholder Options

After we have obtained approval of the premium rate increase, we intend to provide policyholders with a minimum of 75 days advance written notification prior to the first effective date of the increase. In our written notification we will explain that:

- the policyholder can continue his/her current coverage by paying the new premium amount when due;
- the policyholder can reduce his/her coverage to lessen the impact of the premium rate schedule if the current level of coverage permits a reduction; or

- if the policyholder's coverage lapses (due to nonpayment of premium or cancellation) at anytime from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), that the policyholder will have nonforfeiture coverage.

If the policyholder's coverage includes Reduced Paid-Up Insurance and coverage lapses during the Election Period, the policyholder will be offered the choice of nonforfeiture coverage under the Reduced Paid-Up Insurance provision or the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") – the LCUL endorsement is included with this filing. LCUL will only be issued and apply if specifically elected by the policyholder instead of Reduced Paid-Up Insurance.

If the policyholder's coverage includes the shortened benefit period nonforfeiture benefit and coverage lapses during the Election Period, the nonforfeiture coverage will be provided under that feature.

In all other cases, we will automatically issue the policyholder LCUL. Note that if the policyholder qualifies for coverage under Contingent Benefit Upon Lapse, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse.

The LCUL endorsement provides the same benefits that were in effect under the policy immediately prior to the date it lapsed, except that:

- the policyholder's lifetime benefit maximum will be reduced to the greater of:
  - the sum of all paid premiums; or
  - 30 times the nursing home daily benefit maximum in effect immediately prior to lapse; and
- no further premiums will be due, the policyholder may no longer change benefit amounts and will no longer receive increases under any inflation option that is part of the policy.

Total benefits payable under the endorsement will not exceed the remaining lifetime benefit maximum in effect immediately prior to lapse.

We will not provide coverage under more than one nonforfeiture coverage provision.

Exhibit I(a)
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections With No Increase
Policy Forms: LTC.04
Policies Issued Before October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors					
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1991	-	-	N/A	-	-	-	N/A							4.51%	2.8197
	1992	-	-	N/A	-	-	-	N/A							4.51%	2.6981
	1993	-	-	N/A	-	-	-	N/A							4.51%	2.5816
	1994	-	-	N/A	-	-	-	N/A							4.51%	2.4702
	1995	-	-	N/A	-	-	-	N/A							4.51%	2.3636
	1996	-	-	N/A	-	-	-	N/A							4.51%	2.2616
	1997	-	-	N/A	-	-	-	N/A							4.51%	2.1640
	1998	-	-	N/A	-	-	-	N/A							4.51%	2.0706
	1999	-	-	N/A	-	-	-	N/A							4.51%	1.9813
	2000	233,061	-	0.0%	803	441,833	-	0.0%							4.51%	1.8958
	2001	3,937,408	201,657	5.1%	4,094	7,142,355	365,800	5.1%							4.51%	1.8140
	2002	8,736,072	953,428	10.9%	7,264	15,163,145	1,654,860	10.9%							4.51%	1.7357
	2003	13,781,510	828,286	6.0%	10,180	22,888,222	1,375,610	6.0%							4.51%	1.6608
	2004	15,767,039	1,026,862	6.5%	9,966	25,055,757	1,631,810	6.5%							4.51%	1.5891
	2005	15,643,836	2,966,702	19.0%	9,804	23,787,172	4,511,007	19.0%							4.51%	1.5205
	2006	15,607,300	2,544,510	16.3%	9,690	22,707,508	3,702,080	16.3%							4.51%	1.4549
	2007	15,651,078	5,100,781	32.6%	9,571	21,788,539	7,101,017	32.6%							4.51%	1.3921
	2008	15,697,810	5,156,192	32.8%	9,470	20,910,532	6,868,393	32.8%							4.51%	1.3321
	2009	15,666,988	5,550,885	35.4%	9,307	19,968,879	7,075,065	35.4%							4.51%	1.2746
	2010	15,643,064	7,760,557	49.6%	9,183	19,077,970	9,464,620	49.6%							4.51%	1.2196
	2011	15,405,392	6,275,785	40.7%	9,063	17,977,331	7,323,531	40.7%							4.51%	1.1670
	2012	15,194,497	8,762,387	57.7%	8,970	16,966,058	9,784,013	57.7%							4.51%	1.1166
	2013	14,741,864	8,817,640	59.8%	8,873	15,750,313	9,420,829	59.8%							4.51%	1.0684
	2014	14,406,854	13,359,715	92.7%	8,705	14,728,146	13,657,655	92.7%							4.51%	1.0223
Projected Future Experience	2015	13,694,799	12,841,943	93.8%	8,458	13,396,050	12,561,799	93.8%	1.0000	N/A	0.0284	0.0000	0.972	0.951	4.51%	0.9782
	2016	13,093,944	14,221,602	108.6%	8,189	12,255,575	13,311,032	108.6%	1.0000	N/A	0.0318	0.0000	0.968	0.956	4.51%	0.9360
	2017	12,483,506	15,675,522	125.6%	7,910	11,180,004	14,038,716	125.6%	1.0000	N/A	0.0340	0.0000	0.966	0.953	4.51%	0.8956
	2018	11,864,625	17,174,590	144.8%	7,623	10,167,204	14,717,495	144.8%	1.0000	N/A	0.0363	0.0000	0.964	0.950	4.51%	0.8569
	2019	11,238,456	18,695,027	166.3%	7,328	9,215,021	15,329,069	166.3%	1.0000	N/A	0.0387	0.0000	0.961	0.947	4.51%	0.8200
	2020	10,606,294	20,208,460	190.5%	7,025	8,321,383	15,854,957	190.5%	1.0000	N/A	0.0414	0.0000	0.959	0.944	4.51%	0.7846
	2021	9,970,804	21,697,667	217.6%	6,715	7,485,213	16,288,723	217.6%	1.0000	N/A	0.0441	0.0000	0.956	0.940	4.51%	0.7507
	2022	9,334,771	23,139,860	247.9%	6,399	6,705,325	16,621,755	247.9%	1.0000	N/A	0.0470	0.0000	0.953	0.936	4.51%	0.7183
	2023	8,702,014	24,502,933	281.6%	6,078	5,981,059	16,841,329	281.6%	1.0000	N/A	0.0501	0.0000	0.950	0.932	4.51%	0.6873
	2024	8,076,180	25,752,088	318.9%	5,754	5,311,369	16,936,080	318.9%	1.0000	N/A	0.0533	0.0000	0.947	0.928	4.51%	0.6577
	2025	7,461,300	26,872,626	360.2%	5,428	4,695,232	16,910,354	360.2%	1.0000	N/A	0.0567	0.0000	0.943	0.924	4.51%	0.6293
	2026	6,860,510	27,815,480	405.4%	5,101	4,130,866	16,748,322	405.4%	1.0000	N/A	0.0602	0.0000	0.940	0.919	4.51%	0.6021
	2027	6,276,333	28,559,519	455.0%	4,775	3,616,037	16,454,238	455.0%	1.0000	N/A	0.0639	0.0000	0.936	0.915	4.51%	0.5761
	2028	5,713,455	29,086,478	509.1%	4,452	3,149,690	16,034,676	509.1%	1.0000	N/A	0.0677	0.0000	0.932	0.910	4.51%	0.5513
	2029	5,174,191	29,376,432	567.7%	4,133	2,729,315	15,495,666	567.7%	1.0000	N/A	0.0717	0.0000	0.928	0.906	4.51%	0.5275
	2030	4,660,700	29,428,139	631.4%	3,820	2,352,364	14,853,068	631.4%	1.0000	N/A	0.0757	0.0000	0.924	0.901	4.51%	0.5047
	2031	4,174,860	29,207,343	699.6%	3,514	2,016,218	14,105,470	699.6%	1.0000	N/A	0.0800	0.0000	0.920	0.896	4.51%	0.4829
	2032	3,718,969	28,725,595	772.4%	3,218	1,718,542	13,274,149	772.4%	1.0000	N/A	0.0843	0.0000	0.916	0.891	4.51%	0.4621
	2033	3,294,221	28,000,838	850.0%	2,932	1,456,574	12,380,861	850.0%	1.0000	N/A	0.0888	0.0000	0.911	0.886	4.51%	0.4422
	2034	2,901,393	27,056,637	932.5%	2,659	1,227,520	11,447,108	932.5%	1.0000	N/A	0.0934	0.0000	0.907	0.881	4.51%	0.4231
	2035	2,540,397	25,917,718	1020.2%	2,398	1,028,409	10,492,063	1020.2%	1.0000	N/A	0.0979	0.0000	0.902	0.876	4.51%	0.4048
	2036	2,211,098	24,606,380	1112.9%	2,152	856,474	9,531,341	1112.9%	1.0000	N/A	0.1028	0.0000	0.897	0.870	4.51%	0.3874
	2037	1,912,793	23,149,263	1210.2%	1,920	708,951	8,579,967	1210.2%	1.0000	N/A	0.1076	0.0000	0.892	0.865	4.51%	0.3706
	2038	1,644,526	21,596,236	1313.2%	1,704	583,219	7,658,940	1313.2%	1.0000	N/A	0.1126	0.0000	0.887	0.860	4.51%	0.3546
	2039	1,405,149	19,956,589	1420.2%	1,504	476,821	6,772,033	1420.2%	1.0000	N/A	0.1174	0.0000	0.883	0.854	4.51%	0.3393
	2040	1,193,080	18,282,377	1532.4%	1,319	387,386	5,936,187	1532.4%	1.0000	N/A	0.1228	0.0000	0.877	0.849	4.51%	0.3247
	2041	1,006,544	16,602,075	1649.4%	1,151	312,716	5,157,977	1649.4%	1.0000	N/A	0.1273	0.0000	0.873	0.844	4.51%	0.3107
	2042	843,758	14,945,751	1771.3%	998	250,829	4,443,006	1771.3%	1.0000	N/A	0.1329	0.0000	0.867	0.838	4.51%	0.2973
	2043	702,722	13,334,652	1897.6%	861	199,887	3,793,001	1897.6%	1.0000	N/A	0.1377	0.0000	0.862	0.833	4.51%	0.2844
	2044	581,493	11,793,399	2028.1%	738	158,266	3,209,833	2028.1%	1.0000	N/A	0.1430	0.0000	0.857	0.827	4.51%	0.2722
	2045	477,778	10,337,234	2163.6%	628	124,426	2,692,093	2163.6%	1.0000	N/A	0.1482	0.0000	0.852	0.822	4.51%	0.2604
	2046	390,051	8,980,206	2302.3%	532	97,196	2,237,763	2302.3%	1.0000	N/A	0.1531	0.0000	0.847	0.816	4.51%	0.2492
	2047	316,091	7,730,431	2445.6%	448	75,367	1,843,205	2445.6%	1.0000	N/A	0.1588	0.0000	0.841	0.810	4.51%	0.2384
	2048	254,425	6,597,632	2593.2%	374	58,046	1,505,221	2593.2%	1.0000	N/A	0.1646	0.0000	0.835	0.805	4.51%	0.2281
	2049	203,441	5,575,812	2740.8%	311	44,411	1,217,201	2740.8%	1.0000	N/A	0.1689	0.0000	0.831	0.800	4.51%	0.2183
	2050	161,555	4,663,697	2886.8%	257	33,746	974,152	2886.8%	1.0000	N/A	0.1734	0.0000	0.827	0.794	4.51%	0.2089
	2051	127,408	3,866,249	3034.5%	211	25,465	772,731	3034.5%	1.0000	N/A	0.1793	0.0000	0.821	0.789	4.51%	0.1999
	2052	99,777	3,174,945	3182.0%	172	19,082	607,179	3182.0%	1.0000	N/A	0.1858	0.0000	0.814	0.783	4.51%	0.1912
	2053	77,571	2,582,383	3329.0%	139	14,195	472,545	3329.0%	1.0000	N/A	0.1914	0.0000	0.809	0.777	4.51%	0.1830
	2054	59,956	2,080,777	3470.5%	112	10,498	364,326	3470.5%	1.0000	N/A	0.1931	0.0000	0.807	0.773	4.51%	0.1751
	2055	46,119	1,660,402	3600.3%	90	7,727	278,176	3600.3%	1.0000	N/A	0.1979	0.0000	0.802	0.769	4.51%	0.1675
	2056	35,263	1,309,835	3714.5%	72	5,653	209,974	3714.5%	1.0000	N/A	0.2014	0.0000	0.799	0.765	4.51%	0.1603
	2057	26,806	1,026,849	3830.7%	57	4,112	157,506	3830.7%	1.0000	N/A	0.2098	0.0000	0.790	0.760	4.51%	0.1534
	2058	20,242	798,952	3946.9%	45	2,971	117,261	3946.9%	1.0000	N/A	0.2091	0.0000	0.791	0.755	4.51%	0.1468
	2059	15,247	617,823	4052.1%	35	2,141	86,764	4052.1%	1.0000	N/A	0.2116	0.0000	0.788	0.753	4.51%	0.1404
	2060	11,445	475,906	4158.2%	28	1,538	63,950	4158.2%	1.0000	N/A	0.2149	0.0000	0.785	0.751	4.51%	0.1344
	2061	8,559	364,067	4253.4%	22	1,101	46,810	4253.4%	1.0000	N/A	0.2161	0.0000	0.784	0.748	4.51%	0.1286
	2062	6,384	276,661	4333.6%	17	785	34,037	4333.6%	1.0000	N/A	0.2220	0.0000	0.778	0.746	4.51%	0.1230
	2063	4,745	208,515	4394.5%	13	559	24,546	4394.5%	1.0000	N/A	0.2212	0.0000	0.779	0.743	4.51%	0.1177
	2064	3,516	156,348	4447.2%	10	396	17,611	4447.2%	1.0000	N/A	0.2143	0.0000	0.786	0.741	4.51%	0.1126
	2065	2,603	115,938	4454.8%	8	280	12,496	4454.8%	1.0000	N/A	0.2274	0.0000	0.773	0.740	4.51%	0.1078
	2066	1,921	85,556	4453.0%	6	198	8,823	4453.0%	1.0000	N/A	0.2246	0.0000	0.775	0.738	4.51%	0.1031
	2067	1,421	61,891	4355.3%	5	140	6,107	4355.3%	1.0000	N/A	0.2237	0.0000	0.776	0.740	4.51%	0.0987
	2068	1,052	45,721	4346.1%	4	99	4,317	4346.1%	1.0000	N/A	0.2284	0.0000	0.772	0.740	4.51%	0.0944
	2069	781	32,673	4184.8%	3	71	2,952	4184.8%	1.0000	N/A	0.2107	0.0000	0.789	0.742	4.51%	0.0903
	2070	583	23,548	4038.1%	2	50	2,036	4038.1%	1.0000	N/A	0.2173	0.0000	0.783	0.747	4.51%	0.0864
	2071	434	17,772	4095.4%	2	36	1,470	4095.4%	1.0000	N/A	0.2133	0.0000	0.787	0.744	4.51%	0.0827
	2072	326	13,079	4009.7%	1	26	1,035	4009.7%	1.0000	N/A	0.2225	0.0000	0.777	0.752	4.51%	0.0791
	2073	249	10,224	4111.9%	1	19	774	4111.9%	1.0000	N/A	0.2199	0.0000	0.780	0.762	4.51%	0.0757
	2074	190	7,849	4135.2%	1	14	569	4135.2%	1.0000	N/A	0.2086	0.0000	0.791	0.763	4.51%	0.0725
	2075-2095	557	24,602	4415.7%	1	39	1,706	4415.7%	1.0000	N/A	0.2143	0.0000	0.786	N/A	4.51%	0.0693
	Past	196,113,774	69,305,387	35.3%	124,943	264,353,759	83,936,289	31.8%								
	Future	175,699,380	731,146,798	416.1%	129,861	122,603,902	379,544,552	309.6%								
	Lifetime	371,813,154	800,452,185	215.3%	254,804	386,957,661	463,480,842	119.8%								

Note:
- There have been no prior inforce rate revisions on these forms.
- The projections are based on the assumptions derived using experience data through 6/30/2014.

Exhibit I(a)
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections With 73% Future Increase
Policy Forms: LTC.04
Policies Issued Before October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors					
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1991	-	-	N/A	-	-	-	N/A							4.51%	2.8197
	1992	-	-	N/A	-	-	-	N/A							4.51%	2.6981
	1993	-	-	N/A	-	-	-	N/A							4.51%	2.5816
	1994	-	-	N/A	-	-	-	N/A							4.51%	2.4702
	1995	-	-	N/A	-	-	-	N/A							4.51%	2.3636
	1996	-	-	N/A	-	-	-	N/A							4.51%	2.2616
	1997	-	-	N/A	-	-	-	N/A							4.51%	2.1640
	1998	-	-	N/A	-	-	-	N/A							4.51%	2.0706
	1999	-	-	N/A	-	-	-	N/A							4.51%	1.9813
	2000	233,061	-	0.0%	803	441,833	-	0.0%							4.51%	1.8958
	2001	3,937,408	201,657	5.1%	4,094	7,142,355	365,800	5.1%							4.51%	1.8140
	2002	8,736,072	953,428	10.9%	7,264	15,163,145	1,654,860	10.9%							4.51%	1.7357
	2003	13,781,510	828,286	6.0%	10,180	22,888,222	1,375,610	6.0%							4.51%	1.6608
	2004	15,767,039	1,026,862	6.5%	9,966	25,055,757	1,631,810	6.5%							4.51%	1.5891
	2005	15,643,836	2,966,702	19.0%	9,804	23,787,172	4,511,007	19.0%							4.51%	1.5205
	2006	15,607,300	2,544,510	16.3%	9,690	22,707,508	3,702,080	16.3%							4.51%	1.4549
	2007	15,651,078	5,100,781	32.6%	9,571	21,788,539	7,101,017	32.6%							4.51%	1.3921
	2008	15,697,810	5,156,192	32.8%	9,470	20,910,532	6,868,393	32.8%							4.51%	1.3321
	2009	15,666,988	5,550,885	35.4%	9,307	19,968,879	7,075,065	35.4%							4.51%	1.2746
	2010	15,643,064	7,760,557	49.6%	9,183	19,077,970	9,464,620	49.6%							4.51%	1.2196
	2011	15,405,392	6,275,785	40.7%	9,063	17,977,331	7,323,531	40.7%							4.51%	1.1670
	2012	15,194,497	8,762,387	57.7%	8,970	16,966,058	9,784,013	57.7%							4.51%	1.1166
	2013	14,741,864	8,817,640	59.8%	8,873	15,750,313	9,420,829	59.8%							4.51%	1.0684
	2014	14,406,854	13,359,715	92.7%	8,705	14,728,146	13,657,655	92.7%							4.51%	1.0223
Projected Future Experience	2015	13,694,799	12,841,943	93.8%	8,458	13,396,050	12,561,799	93.8%	1.0000	1.0000	0.0284	1.0000	0.972	0.951	4.51%	0.9782
	2016	13,093,944	14,221,602	108.6%	8,189	12,255,575	13,311,032	108.6%	1.0000	1.0000	0.0318	1.0000	0.968	0.956	4.51%	0.9360
	2017	14,540,573	15,440,659	106.2%	7,901	13,022,276	13,828,377	106.2%	1.1825	0.9863	0.0352	0.9988	0.965	0.953	4.51%	0.8956
	2018	19,010,528	16,191,389	85.2%	7,587	16,290,774	13,874,957	85.2%	1.6996	0.9473	0.0397	0.9952	0.960	0.950	4.51%	0.8569
	2019	18,281,324	17,578,466	96.2%	7,291	14,989,851	14,413,540	96.2%	1.7300	0.9450	0.0389	0.9950	0.961	0.947	4.51%	0.8200
	2020	17,253,001	19,001,510	110.1%	6,990	13,536,192	14,908,019	110.1%	1.7300	0.9450	0.0414	0.9950	0.959	0.944	4.51%	0.7846
	2021	16,219,264	20,401,774	125.8%	6,681	12,176,014	15,315,879	125.8%	1.7300	0.9450	0.0441	0.9950	0.956	0.940	4.51%	0.7507
	2022	15,184,646	21,757,832	143.3%	6,367	10,907,389	15,629,020	143.3%	1.7300	0.9450	0.0470	0.9950	0.953	0.936	4.51%	0.7183
	2023	14,155,356	23,039,495	162.8%	6,048	9,729,244	15,835,481	162.8%	1.7300	0.9450	0.0501	0.9950	0.950	0.932	4.51%	0.6873
	2024	13,137,327	24,214,044	184.3%	5,725	8,639,875	15,924,572	184.3%	1.7300	0.9450	0.0533	0.9950	0.947	0.928	4.51%	0.6577
	2025	12,137,116	25,267,659	208.2%	5,401	7,637,621	15,900,384	208.2%	1.7300	0.9450	0.0567	0.9950	0.943	0.924	4.51%	0.6293
	2026	11,159,825	26,154,200	234.4%	5,075	6,719,580	15,748,029	234.4%	1.7300	0.9450	0.0602	0.9950	0.940	0.919	4.51%	0.6021
	2027	10,209,558	26,853,801	263.0%	4,751	5,882,120	15,471,509	263.0%	1.7300	0.9450	0.0639	0.9950	0.936	0.915	4.51%	0.5761
	2028	9,293,938	27,349,289	294.3%	4,429	5,123,525	15,077,005	294.3%	1.7300	0.9450	0.0677	0.9950	0.932	0.910	4.51%	0.5513
	2029	8,416,731	27,621,925	328.2%	4,112	4,439,710	14,570,188	328.2%	1.7300	0.9450	0.0717	0.9950	0.928	0.906	4.51%	0.5275
	2030	7,581,448	27,670,544	365.0%	3,801	3,826,533	13,965,968	365.0%	1.7300	0.9450	0.0757	0.9950	0.924	0.901	4.51%	0.5047
	2031	6,791,144	27,462,935	404.4%	3,496	3,279,733	13,263,021	404.4%	1.7300	0.9450	0.0800	0.9950	0.920	0.896	4.51%	0.4829
	2032	6,049,556	27,009,958	446.5%	3,202	2,795,511	12,481,351	446.5%	1.7300	0.9450	0.0843	0.9950	0.916	0.891	4.51%	0.4621
	2033	5,358,629	26,328,488	491.3%	2,918	2,369,373	11,641,414	491.3%	1.7300	0.9450	0.0888	0.9950	0.911	0.886	4.51%	0.4422
	2034	4,719,626	25,440,680	539.0%	2,645	1,996,777	10,763,430	539.0%	1.7300	0.9450	0.0934	0.9950	0.907	0.881	4.51%	0.4231
	2035	4,132,402	24,369,782	589.7%	2,386	1,672,887	9,865,424	589.7%	1.7300	0.9450	0.0979	0.9950	0.902	0.876	4.51%	0.4048
	2036	3,596,740	23,136,764	643.3%	2,141	1,393,206	8,962,082	643.3%	1.7300	0.9450	0.1028	0.9950	0.897	0.870	4.51%	0.3874
	2037	3,111,493	21,766,674	699.6%	1,911	1,153,234	8,067,528	699.6%	1.7300	0.9450	0.1076	0.9950	0.892	0.865	4.51%	0.3706
	2038	2,675,111	20,306,401	759.1%	1,696	948,708	7,201,509	759.1%	1.7300	0.9450	0.1126	0.9950	0.887	0.860	4.51%	0.3546
	2039	2,285,722	18,764,682	821.0%	1,497	775,633	6,367,573	821.0%	1.7300	0.9450	0.1174	0.9950	0.883	0.854	4.51%	0.3393
	2040	1,940,754	17,190,462	885.8%	1,313	630,152	5,581,648	885.8%	1.7300	0.9450	0.1228	0.9950	0.877	0.849	4.51%	0.3247
	2041	1,637,320	15,610,516	953.4%	1,146	508,687	4,849,917	953.4%	1.7300	0.9450	0.1273	0.9950	0.873	0.844	4.51%	0.3107
	2042	1,372,521	14,053,116	1023.9%	993	408,017	4,177,648	1023.9%	1.7300	0.9450	0.1329	0.9950	0.867	0.838	4.51%	0.2973
	2043	1,143,101	12,538,240	1096.9%	857	325,152	3,566,464	1096.9%	1.7300	0.9450	0.1377	0.9950	0.862	0.833	4.51%	0.2844
	2044	945,900	11,089,038	1172.3%	734	257,448	3,018,126	1172.3%	1.7300	0.9450	0.1430	0.9950	0.857	0.827	4.51%	0.2722
	2045	777,190	9,719,843	1250.6%	625	202,401	2,531,307	1250.6%	1.7300	0.9450	0.1482	0.9950	0.852	0.822	4.51%	0.2604
	2046	634,486	8,443,863	1330.8%	530	158,107	2,104,113	1330.8%	1.7300	0.9450	0.1531	0.9950	0.847	0.816	4.51%	0.2492
	2047	514,177	7,268,731	1413.7%	445	122,598	1,733,120	1413.7%	1.7300	0.9450	0.1588	0.9950	0.841	0.810	4.51%	0.2384
	2048	413,867	6,203,589	1498.9%	372	94,422	1,415,321	1498.9%	1.7300	0.9450	0.1646	0.9950	0.835	0.805	4.51%	0.2281
	2049	330,932	5,242,797	1584.2%	309	72,243	1,144,504	1584.2%	1.7300	0.9450	0.1689	0.9950	0.831	0.800	4.51%	0.2183
	2050	262,798	4,385,158	1668.6%	256	54,893	915,971	1668.6%	1.7300	0.9450	0.1734	0.9950	0.827	0.794	4.51%	0.2089
	2051	207,252	3,635,337	1754.1%	210	41,423	726,580	1754.1%	1.7300	0.9450	0.1793	0.9950	0.821	0.789	4.51%	0.1999
	2052	162,305	2,985,322	1839.3%	171	31,039	570,916	1839.3%	1.7300	0.9450	0.1858	0.9950	0.814	0.783	4.51%	0.1912
	2053	126,184	2,428,151	1924.3%	138	23,090	444,323	1924.3%	1.7300	0.9450	0.1914	0.9950	0.809	0.777	4.51%	0.1830
	2054	97,529	1,956,503	2006.1%	111	17,076	342,567	2006.1%	1.7300	0.9450	0.1931	0.9950	0.807	0.773	4.51%	0.1751
	2055	75,020	1,561,234	2081.1%	89	12,569	261,562	2081.1%	1.7300	0.9450	0.1979	0.9950	0.802	0.769	4.51%	0.1675
	2056	57,361	1,231,605	2147.1%	71	9,195	197,434	2147.1%	1.7300	0.9450	0.2014	0.9950	0.799	0.765	4.51%	0.1603
	2057	43,605	965,520	2214.3%	56	6,688	148,099	2214.3%	1.7300	0.9450	0.2098	0.9950	0.790	0.760	4.51%	0.1534
	2058	32,928	751,235	2281.4%	45	4,833	110,258	2281.4%	1.7300	0.9450	0.2091	0.9950	0.791	0.755	4.51%	0.1468
	2059	24,802	580,924	2342.3%	35	3,483	81,582	2342.3%	1.7300	0.9450	0.2116	0.9950	0.788	0.753	4.51%	0.1404
	2060	18,617	447,483	2403.6%	28	2,502	60,130	2403.6%	1.7300	0.9450	0.2149	0.9950	0.785	0.751	4.51%	0.1344
	2061	13,923	342,323	2458.6%	22	1,790	44,015	2458.6%	1.7300	0.9450	0.2161	0.9950	0.784	0.748	4.51%	0.1286
	2062	10,385	260,137	2505.0%	17	1,278	32,004	2505.0%	1.7300	0.9450	0.2220	0.9950	0.778	0.746	4.51%	0.1230
	2063	7,718	196,062	2540.2%	13	909	23,080	2540.2%	1.7300	0.9450	0.2212	0.9950	0.779	0.743	4.51%	0.1177
	2064	5,719	147,011	2570.6%	10	644	16,559	2570.6%	1.7300	0.9450	0.2143	0.9950	0.786	0.741	4.51%	0.1126
	2065	4,233	109,013	2575.0%	8	456	11,749	2575.0%	1.7300	0.9450	0.2274	0.9950	0.773	0.740	4.51%	0.1078
	2066	3,125	80,446	2574.0%	6	322	8,296	2574.0%	1.7300	0.9450	0.2246	0.9950	0.775	0.738	4.51%	0.1031
	2067	2,312	58,195	2517.5%	5	228	5,742	2517.5%	1.7300	0.9450	0.2237	0.9950	0.776	0.740	4.51%	0.0987
	2068	1,711	42,990	2512.2%	4	162	4,059	2512.2%	1.7300	0.9450	0.2284	0.9950	0.772	0.740	4.51%	0.0944
	2069	1,270	30,722	2419.0%	3	115	2,776	2419.0%	1.7300	0.9450	0.2107	0.9950	0.789	0.742	4.51%	0.0903
	2070	949	22,142	2334.1%	2	82	1,914	2334.1%	1.7300	0.9450	0.2173	0.9950	0.783	0.747	4.51%	0.0864
	2071	706	16,711	2367.3%	2	58	1,382	2367.3%	1.7300	0.9450	0.2133	0.9950	0.787	0.744	4.51%	0.0827
	2072	531	12,298	2317.7%	1	42	973	2317.7%	1.7300	0.9450	0.2225	0.9950	0.777	0.752	4.51%	0.0791
	2073	404	9,613	2376.8%	1	31	728	2376.8%	1.7300	0.9450	0.2199	0.9950	0.780	0.762	4.51%	0.0757
	2074	309	7,381	2390.3%	1	22	535	2390.3%	1.7300	0.9450	0.2086	0.9950	0.791	0.763	4.51%	0.0725
	2075-2095	906	23,133	2552.5%	1	63	1,604	2552.5%	1.7300	0.9450	0.2143	0.9950	0.786	N/A	4.51%	0.0693
	Past	196,113,774	69,305,387	35.3%	124,943	264,353,759	83,936,289	31.8%								
	Future	262,962,653	689,839,334	262.3%	129,326	177,949,609	359,086,095	201.8%								
	Lifetime	459,076,427	759,144,721	165.4%	254,269	442,303,368	443,022,384	100.2%								

Note:
- The implementation of the current requested 73% increase is assumed to begin in May 2017.
- The projections are based on the assumptions derived using experience data through 6/30/2014.

Exhibit II(a)*
Demonstration that Lifetime Incurred Claims with Requested Increase are
Not Less than Lifetime Earned Premium with Prescribed Factors
Policy Forms: LTC.04
Policies Issued Before October 1, 2003

1)	Greater of 60% or the lifetime loss ratio used in the original pricing	71%
2)	Present Value of Premiums under Original Premium Schedule as of December 31, 2014	386,957,661
3)	Loss Ratio under Original Premium Schedule: (1) x (2)	274,739,940
4)	Present Value of Premiums Increase as of December 31, 2014	55,345,706
5)	80% of Premiums Increase: 0.80 x (4)	44,276,565
6)	**Expected Loss Ratio as defined under Section 14VAC5-200-150: (3) + (5)**	**319,016,505**
7)	**Present Value of Projected Lifetime Incurred Claims**	**443,022,384**
8)	**Test: 7 is not less than 6**	TRUE

* Reflecting new standard for Pre-Rate Stability Policies under Section 14VAC5-200-150 that became effective on September 1, 2015.

Exhibit I(b)
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections With No Increase
Policy Forms: LTC.04
Policies Issued On or After October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors					
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	1991	-	-	N/A	-	-	-	N/A							4.51%	2.8197
	1992	-	-	N/A	-	-	-	N/A							4.51%	2.6981
	1993	-	-	N/A	-	-	-	N/A							4.51%	2.5816
	1994	-	-	N/A	-	-	-	N/A							4.51%	2.4702
	1995	-	-	N/A	-	-	-	N/A							4.51%	2.3636
	1996	-	-	N/A	-	-	-	N/A							4.51%	2.2616
	1997	-	-	N/A	-	-	-	N/A							4.51%	2.1640
	1998	-	-	N/A	-	-	-	N/A							4.51%	2.0706
	1999	-	-	N/A	-	-	-	N/A							4.51%	1.9813
	2000	-	-	N/A	-	-	-	N/A							4.51%	1.8958
	2001	-	-	N/A	-	-	-	N/A							4.51%	1.8140
	2002	-	-	N/A	-	-	-	N/A							4.51%	1.7357
	2003	847,032	500	0.1%	992	1,406,745	831	0.1%							4.51%	1.6608
	2004	2,545,402	4,983	0.2%	1,607	4,044,956	7,919	0.2%							4.51%	1.5891
Historical	2005	2,594,194	193,641	7.5%	1,581	3,944,591	294,441	7.5%							4.51%	1.5205
Experience	2006	2,596,114	2,043	0.1%	1,563	3,777,160	2,972	0.1%							4.51%	1.4549
	2007	2,607,629	339,768	13.0%	1,544	3,630,192	473,006	13.0%							4.51%	1.3921
	2008	2,603,538	528,817	20.3%	1,517	3,468,087	704,420	20.3%							4.51%	1.3321
	2009	2,609,000	361,622	13.9%	1,503	3,325,388	460,917	13.9%							4.51%	1.2746
	2010	2,612,921	882,096	33.8%	1,485	3,186,667	1,075,787	33.8%							4.51%	1.2196
	2011	2,599,678	580,062	22.3%	1,476	3,033,696	676,904	22.3%							4.51%	1.1670
	2012	2,569,961	972,926	37.9%	1,445	2,869,598	1,086,362	37.9%							4.51%	1.1166
	2013	2,467,966	691,921	28.0%	1,449	2,636,793	739,253	28.0%							4.51%	1.0684
	2014	2,402,122	2,026,237	84.4%	1,429	2,455,693	2,071,425	84.4%							4.51%	1.0223
Projected	2015	2,291,977	1,711,263	74.7%	1,379	2,241,978	1,673,932	74.7%	1.0000	N/A	0.0349	0.0000	0.965	0.954	4.51%	0.9782
Future	2016	2,205,108	1,925,260	87.3%	1,341	2,063,921	1,801,991	87.3%	1.0000	N/A	0.0280	0.0000	0.972	0.962	4.51%	0.9360
Experience	2017	2,116,248	2,158,826	102.0%	1,301	1,895,274	1,933,405	102.0%	1.0000	N/A	0.0299	0.0000	0.970	0.960	4.51%	0.8956
	2018	2,024,987	2,404,354	118.7%	1,259	1,735,281	2,060,374	118.7%	1.0000	N/A	0.0319	0.0000	0.968	0.957	4.51%	0.8569
	2019	1,931,437	2,659,432	137.7%	1,216	1,583,690	2,180,612	137.7%	1.0000	N/A	0.0343	0.0000	0.966	0.954	4.51%	0.8200
	2020	1,835,734	2,923,387	159.2%	1,171	1,440,262	2,293,602	159.2%	1.0000	N/A	0.0368	0.0000	0.963	0.950	4.51%	0.7846
	2021	1,738,230	3,193,563	183.7%	1,125	1,304,912	2,397,450	183.7%	1.0000	N/A	0.0393	0.0000	0.961	0.947	4.51%	0.7507
	2022	1,639,253	3,462,248	211.2%	1,078	1,177,504	2,486,992	211.2%	1.0000	N/A	0.0420	0.0000	0.958	0.943	4.51%	0.7183
	2023	1,539,460	3,720,009	241.6%	1,029	1,058,100	2,556,832	241.6%	1.0000	N/A	0.0449	0.0000	0.955	0.939	4.51%	0.6873
	2024	1,439,506	3,974,439	276.1%	980	946,703	2,613,824	276.1%	1.0000	N/A	0.0480	0.0000	0.952	0.935	4.51%	0.6577
	2025	1,339,920	4,219,672	314.9%	930	843,182	2,655,347	314.9%	1.0000	N/A	0.0513	0.0000	0.949	0.931	4.51%	0.6293
	2026	1,241,260	4,430,768	357.0%	879	747,391	2,667,864	357.0%	1.0000	N/A	0.0545	0.0000	0.945	0.926	4.51%	0.6021
	2027	1,144,059	4,614,033	403.3%	828	659,136	2,658,322	403.3%	1.0000	N/A	0.0584	0.0000	0.942	0.922	4.51%	0.5761
	2028	1,049,198	4,765,458	454.2%	777	578,398	2,627,082	454.2%	1.0000	N/A	0.0618	0.0000	0.938	0.917	4.51%	0.5513
	2029	957,163	4,869,987	508.8%	726	504,890	2,568,852	508.8%	1.0000	N/A	0.0658	0.0000	0.934	0.912	4.51%	0.5275
	2030	868,548	4,933,587	568.0%	675	438,377	2,490,096	568.0%	1.0000	N/A	0.0697	0.0000	0.930	0.907	4.51%	0.5047
	2031	783,728	4,953,992	632.1%	625	378,496	2,392,494	632.1%	1.0000	N/A	0.0740	0.0000	0.926	0.902	4.51%	0.4829
	2032	703,279	4,924,994	700.3%	576	324,987	2,275,849	700.3%	1.0000	N/A	0.0781	0.0000	0.922	0.897	4.51%	0.4621
	2033	627,541	4,847,344	772.4%	529	277,474	2,143,304	772.4%	1.0000	N/A	0.0828	0.0000	0.917	0.892	4.51%	0.4422
	2034	556,767	4,732,474	850.0%	483	235,557	2,002,213	850.0%	1.0000	N/A	0.0871	0.0000	0.913	0.887	4.51%	0.4231
	2035	491,069	4,576,127	931.9%	438	198,795	1,852,517	931.9%	1.0000	N/A	0.0918	0.0000	0.908	0.882	4.51%	0.4048
	2036	430,635	4,386,955	1018.7%	396	166,808	1,699,298	1018.7%	1.0000	N/A	0.0967	0.0000	0.903	0.877	4.51%	0.3874
	2037	375,430	4,173,849	1111.8%	356	139,148	1,546,982	1111.8%	1.0000	N/A	0.1012	0.0000	0.899	0.872	4.51%	0.3706
	2038	325,283	3,935,789	1210.0%	318	115,359	1,395,797	1210.0%	1.0000	N/A	0.1059	0.0000	0.894	0.866	4.51%	0.3546
	2039	280,126	3,680,313	1313.8%	283	95,058	1,248,871	1313.8%	1.0000	N/A	0.1112	0.0000	0.889	0.861	4.51%	0.3393
	2040	239,764	3,414,424	1424.1%	250	77,850	1,108,644	1424.1%	1.0000	N/A	0.1161	0.0000	0.884	0.856	4.51%	0.3247
	2041	203,939	3,140,184	1539.8%	220	63,360	975,601	1539.8%	1.0000	N/A	0.1205	0.0000	0.879	0.851	4.51%	0.3107
	2042	172,405	2,866,128	1662.4%	192	51,252	852,030	1662.4%	1.0000	N/A	0.1252	0.0000	0.875	0.845	4.51%	0.2973
	2043	144,787	2,589,283	1788.3%	167	41,184	736,514	1788.3%	1.0000	N/A	0.1307	0.0000	0.869	0.840	4.51%	0.2844
	2044	120,807	2,318,621	1919.3%	145	32,880	631,064	1919.3%	1.0000	N/A	0.1352	0.0000	0.865	0.834	4.51%	0.2722
	2045	100,087	2,058,733	2056.9%	124	26,065	536,149	2056.9%	1.0000	N/A	0.1409	0.0000	0.859	0.828	4.51%	0.2604
	2046	82,466	1,807,711	2192.1%	106	20,550	450,461	2192.1%	1.0000	N/A	0.1458	0.0000	0.854	0.824	4.51%	0.2492
	2047	67,453	1,574,116	2333.6%	90	16,083	375,324	2333.6%	1.0000	N/A	0.1511	0.0000	0.849	0.818	4.51%	0.2384
	2048	54,784	1,360,755	2483.9%	76	12,499	310,450	2483.9%	1.0000	N/A	0.1552	0.0000	0.845	0.812	4.51%	0.2281
	2049	44,241	1,166,004	2635.6%	64	9,658	254,539	2635.6%	1.0000	N/A	0.1618	0.0000	0.838	0.808	4.51%	0.2183
	2050	35,499	990,430	2790.0%	53	7,415	206,881	2790.0%	1.0000	N/A	0.1653	0.0000	0.835	0.802	4.51%	0.2089
	2051	28,288	833,792	2947.6%	44	5,654	166,647	2947.6%	1.0000	N/A	0.1695	0.0000	0.830	0.797	4.51%	0.1999
	2052	22,393	694,718	3102.4%	37	4,282	132,858	3102.4%	1.0000	N/A	0.1742	0.0000	0.826	0.792	4.51%	0.1912
	2053	17,594	573,474	3259.4%	30	3,220	104,939	3259.4%	1.0000	N/A	0.1830	0.0000	0.817	0.786	4.51%	0.1830
	2054	13,750	470,539	3422.2%	24	2,407	82,387	3422.2%	1.0000	N/A	0.1847	0.0000	0.815	0.781	4.51%	0.1751
	2055	10,703	381,143	3561.0%	20	1,793	63,855	3561.0%	1.0000	N/A	0.1883	0.0000	0.812	0.778	4.51%	0.1675
	2056	8,304	305,455	3678.2%	16	1,331	48,966	3678.2%	1.0000	N/A	0.1877	0.0000	0.812	0.776	4.51%	0.1603
	2057	6,403	242,620	3789.3%	13	982	37,215	3789.3%	1.0000	N/A	0.1973	0.0000	0.803	0.771	4.51%	0.1534
	2058	4,915	190,529	3876.6%	10	721	27,964	3876.6%	1.0000	N/A	0.1945	0.0000	0.806	0.768	4.51%	0.1468
	2059	3,757	147,981	3938.5%	8	528	20,782	3938.5%	1.0000	N/A	0.2029	0.0000	0.797	0.764	4.51%	0.1404
	2060	2,851	114,093	4001.4%	7	383	15,331	4001.4%	1.0000	N/A	0.2010	0.0000	0.799	0.759	4.51%	0.1344
	2061	2,152	86,142	4003.4%	5	277	11,076	4003.4%	1.0000	N/A	0.2032	0.0000	0.797	0.755	4.51%	0.1286
	2062	1,611	64,989	4033.1%	4	198	7,995	4033.1%	1.0000	N/A	0.2069	0.0000	0.793	0.749	4.51%	0.1230
	2063	1,206	48,013	3981.8%	3	142	5,652	3981.8%	1.0000	N/A	0.2076	0.0000	0.792	0.748	4.51%	0.1177
	2064	900	35,192	3910.0%	3	101	3,964	3910.0%	1.0000	N/A	0.1981	0.0000	0.802	0.746	4.51%	0.1126
	2065	669	26,380	3946.1%	2	72	2,843	3946.1%	1.0000	N/A	0.2166	0.0000	0.783	0.743	4.51%	0.1078
	2066	501	19,116	3814.7%	2	52	1,971	3814.7%	1.0000	N/A	0.1841	0.0000	0.816	0.750	4.51%	0.1031
	2067	374	14,697	3927.5%	1	37	1,450	3927.5%	1.0000	N/A	0.2075	0.0000	0.792	0.747	4.51%	0.0987
	2068	280	11,167	3982.2%	1	26	1,054	3982.2%	1.0000	N/A	0.2010	0.0000	0.799	0.749	4.51%	0.0944
	2069	211	8,395	3986.4%	1	19	758	3986.4%	1.0000	N/A	0.1647	0.0000	0.835	0.751	4.51%	0.0903
	2070	157	6,358	4037.8%	1	14	550	4037.8%	1.0000	N/A	0.1702	0.0000	0.830	0.748	4.51%	0.0864
	2071	117	4,965	4237.3%	1	10	411	4237.3%	1.0000	N/A	0.2019	0.0000	0.798	0.744	4.51%	0.0827
	2072	88	3,813	4329.6%	0	7	302	4329.6%	1.0000	N/A	0.1820	0.0000	0.818	0.752	4.51%	0.0791
	2073	67	3,111	4620.8%	0	5	236	4620.8%	1.0000	N/A	0.1671	0.0000	0.833	0.764	4.51%	0.0757
	2074	52	2,459	4772.1%	0	4	178	4772.1%	1.0000	N/A	0.1766	0.0000	0.823	0.765	4.51%	0.0725
	2075-2095	153	8,275	5410.4%	0	11	574	5410.4%	1.0000	N/A	0.1327	0.0000	0.867	N/A	4.51%	0.0693
	Past	29,055,558	6,584,618	22.7%	17,591	37,779,565	7,594,237	20.1%								
	Future	31,329,675	123,761,925	395.0%	22,417	21,531,751	61,401,516	285.2%								
	Lifetime	60,385,233	130,346,543	215.9%	40,008	59,311,316	68,995,752	116.3%								

Note:
- There have been no prior inforce rate revisions on these forms.
- The projections are based on the assumptions derived using experience data through 6/30/2014.

Exhibit I(b)
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections With 73% Future Increase
Policy Forms: LTC.04
Policies Issued On or After October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors					
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1991	-	-	N/A	-	-	-	N/A							4.51%	2.8197
	1992	-	-	N/A	-	-	-	N/A							4.51%	2.6981
	1993	-	-	N/A	-	-	-	N/A							4.51%	2.5816
	1994	-	-	N/A	-	-	-	N/A							4.51%	2.4702
	1995	-	-	N/A	-	-	-	N/A							4.51%	2.3636
	1996	-	-	N/A	-	-	-	N/A							4.51%	2.2616
	1997	-	-	N/A	-	-	-	N/A							4.51%	2.1640
	1998	-	-	N/A	-	-	-	N/A							4.51%	2.0706
	1999	-	-	N/A	-	-	-	N/A							4.51%	1.9813
	2000	-	-	N/A	-	-	-	N/A							4.51%	1.8958
	2001	-	-	N/A	-	-	-	N/A							4.51%	1.8140
	2002	-	-	N/A	-	-	-	N/A							4.51%	1.7357
	2003	847,032	500	0.1%	992	1,406,745	831	0.1%							4.51%	1.6608
	2004	2,545,402	4,983	0.2%	1,607	4,044,956	7,919	0.2%							4.51%	1.5891
	2005	2,594,194	193,641	7.5%	1,581	3,944,591	294,441	7.5%							4.51%	1.5205
	2006	2,596,114	2,043	0.1%	1,563	3,777,160	2,972	0.1%							4.51%	1.4549
	2007	2,607,629	339,768	13.0%	1,544	3,630,192	473,006	13.0%							4.51%	1.3921
	2008	2,603,538	528,817	20.3%	1,517	3,468,087	704,420	20.3%							4.51%	1.3321
	2009	2,609,000	361,622	13.9%	1,503	3,325,388	460,917	13.9%							4.51%	1.2746
	2010	2,612,921	882,096	33.8%	1,485	3,186,667	1,075,787	33.8%							4.51%	1.2196
	2011	2,599,678	580,062	22.3%	1,476	3,033,696	676,904	22.3%							4.51%	1.1670
	2012	2,569,961	972,926	37.9%	1,445	2,869,598	1,086,362	37.9%							4.51%	1.1166
	2013	2,467,966	691,921	28.0%	1,449	2,636,793	739,253	28.0%							4.51%	1.0684
	2014	2,402,122	2,026,237	84.4%	1,429	2,455,693	2,071,425	84.4%							4.51%	1.0223
Projected Future Experience	2015	2,291,977	1,711,263	74.7%	1,379	2,241,978	1,673,932	74.7%	1.0000	1.0000	0.0349	1.0000	0.965	0.954	4.51%	0.9782
	2016	2,205,108	1,925,260	87.3%	1,341	2,063,921	1,801,991	87.3%	1.0000	1.0000	0.0280	1.0000	0.972	0.962	4.51%	0.9360
	2017	2,464,969	2,126,480	86.3%	1,299	2,207,582	1,904,438	86.3%	1.1825	0.9863	0.0311	0.9988	0.969	0.960	4.51%	0.8956
	2018	3,244,609	2,266,711	69.9%	1,253	2,780,417	1,942,423	69.9%	1.6996	0.9473	0.0354	0.9952	0.965	0.957	4.51%	0.8569
	2019	3,141,822	2,500,597	79.6%	1,210	2,576,151	2,050,375	79.6%	1.7300	0.9450	0.0345	0.9950	0.966	0.954	4.51%	0.8200
	2020	2,986,144	2,748,788	92.1%	1,165	2,342,840	2,156,617	92.1%	1.7300	0.9450	0.0368	0.9950	0.963	0.950	4.51%	0.7846
	2021	2,827,537	3,002,827	106.2%	1,119	2,122,669	2,254,262	106.2%	1.7300	0.9450	0.0393	0.9950	0.961	0.947	4.51%	0.7507
	2022	2,666,534	3,255,466	122.1%	1,072	1,915,417	2,338,456	122.1%	1.7300	0.9450	0.0420	0.9950	0.958	0.943	4.51%	0.7183
	2023	2,504,202	3,497,831	139.7%	1,024	1,721,186	2,404,126	139.7%	1.7300	0.9450	0.0449	0.9950	0.955	0.939	4.51%	0.6873
	2024	2,341,609	3,737,066	159.6%	975	1,539,979	2,457,713	159.6%	1.7300	0.9450	0.0480	0.9950	0.952	0.935	4.51%	0.6577
	2025	2,179,616	3,967,652	182.0%	925	1,371,584	2,496,757	182.0%	1.7300	0.9450	0.0513	0.9950	0.949	0.931	4.51%	0.6293
	2026	2,019,128	4,166,140	206.3%	875	1,215,762	2,508,526	206.3%	1.7300	0.9450	0.0545	0.9950	0.945	0.926	4.51%	0.6021
	2027	1,861,013	4,338,460	233.1%	824	1,072,201	2,499,554	233.1%	1.7300	0.9450	0.0584	0.9950	0.942	0.922	4.51%	0.5761
	2028	1,706,705	4,480,841	262.5%	773	940,865	2,470,180	262.5%	1.7300	0.9450	0.0618	0.9950	0.938	0.917	4.51%	0.5513
	2029	1,556,994	4,579,127	294.1%	722	821,293	2,415,427	294.1%	1.7300	0.9450	0.0658	0.9950	0.934	0.912	4.51%	0.5275
	2030	1,412,846	4,638,928	328.3%	672	713,097	2,341,375	328.3%	1.7300	0.9450	0.0697	0.9950	0.930	0.907	4.51%	0.5047
	2031	1,274,871	4,658,115	365.4%	622	615,690	2,249,602	365.4%	1.7300	0.9450	0.0740	0.9950	0.926	0.902	4.51%	0.4829
	2032	1,144,007	4,630,849	404.8%	573	528,648	2,139,923	404.8%	1.7300	0.9450	0.0781	0.9950	0.922	0.897	4.51%	0.4621
	2033	1,020,805	4,557,837	446.5%	526	451,360	2,015,295	446.5%	1.7300	0.9450	0.0828	0.9950	0.917	0.892	4.51%	0.4422
	2034	905,679	4,449,827	491.3%	480	383,174	1,882,630	491.3%	1.7300	0.9450	0.0871	0.9950	0.913	0.887	4.51%	0.4231
	2035	798,810	4,302,818	538.7%	436	323,376	1,741,876	538.7%	1.7300	0.9450	0.0918	0.9950	0.908	0.882	4.51%	0.4048
	2036	700,504	4,124,944	588.9%	394	271,342	1,597,807	588.9%	1.7300	0.9450	0.0967	0.9950	0.903	0.877	4.51%	0.3874
	2037	610,702	3,924,566	642.6%	354	226,349	1,454,588	642.6%	1.7300	0.9450	0.1012	0.9950	0.899	0.872	4.51%	0.3706
	2038	529,130	3,700,724	699.4%	317	187,652	1,312,433	699.4%	1.7300	0.9450	0.1059	0.9950	0.894	0.866	4.51%	0.3546
	2039	455,675	3,460,506	759.4%	281	154,628	1,174,282	759.4%	1.7300	0.9450	0.1112	0.9950	0.889	0.861	4.51%	0.3393
	2040	390,018	3,210,497	823.2%	249	126,637	1,042,431	823.2%	1.7300	0.9450	0.1161	0.9950	0.884	0.856	4.51%	0.3247
	2041	331,743	2,952,636	890.0%	219	103,067	917,333	890.0%	1.7300	0.9450	0.1205	0.9950	0.879	0.851	4.51%	0.3107
	2042	280,446	2,694,948	960.9%	191	83,370	801,142	960.9%	1.7300	0.9450	0.1252	0.9950	0.875	0.845	4.51%	0.2973
	2043	235,521	2,434,638	1033.7%	166	66,993	692,525	1033.7%	1.7300	0.9450	0.1307	0.9950	0.869	0.840	4.51%	0.2844
	2044	196,515	2,180,141	1109.4%	144	53,486	593,374	1109.4%	1.7300	0.9450	0.1352	0.9950	0.865	0.834	4.51%	0.2722
	2045	162,810	1,935,775	1189.0%	124	42,400	504,128	1189.0%	1.7300	0.9450	0.1409	0.9950	0.859	0.828	4.51%	0.2604
	2046	134,145	1,699,746	1267.1%	106	33,428	423,557	1267.1%	1.7300	0.9450	0.1458	0.9950	0.854	0.824	4.51%	0.2492
	2047	109,724	1,480,102	1348.9%	90	26,162	352,908	1348.9%	1.7300	0.9450	0.1511	0.9950	0.849	0.818	4.51%	0.2384
	2048	89,115	1,279,484	1435.8%	76	20,331	291,909	1435.8%	1.7300	0.9450	0.1552	0.9950	0.845	0.812	4.51%	0.2281
	2049	71,965	1,096,364	1523.5%	63	15,710	239,337	1523.5%	1.7300	0.9450	0.1618	0.9950	0.838	0.808	4.51%	0.2183
	2050	57,746	931,277	1612.7%	53	12,062	194,525	1612.7%	1.7300	0.9450	0.1653	0.9950	0.835	0.802	4.51%	0.2089
	2051	46,015	783,994	1703.8%	44	9,197	156,694	1703.8%	1.7300	0.9450	0.1695	0.9950	0.830	0.797	4.51%	0.1999
	2052	36,426	653,226	1793.3%	36	6,966	124,923	1793.3%	1.7300	0.9450	0.1742	0.9950	0.826	0.792	4.51%	0.1912
	2053	28,620	539,223	1884.1%	30	5,237	98,671	1884.1%	1.7300	0.9450	0.1830	0.9950	0.817	0.786	4.51%	0.1830
	2054	22,366	442,436	1978.2%	24	3,916	77,467	1978.2%	1.7300	0.9450	0.1847	0.9950	0.815	0.781	4.51%	0.1751
	2055	17,411	358,379	2058.4%	20	2,917	60,041	2058.4%	1.7300	0.9450	0.1883	0.9950	0.812	0.778	4.51%	0.1675
	2056	13,509	287,211	2126.1%	16	2,166	46,042	2126.1%	1.7300	0.9450	0.1877	0.9950	0.812	0.776	4.51%	0.1603
	2057	10,415	228,129	2190.3%	13	1,598	34,992	2190.3%	1.7300	0.9450	0.1973	0.9950	0.803	0.771	4.51%	0.1534
	2058	7,995	179,150	2240.8%	10	1,173	26,294	2240.8%	1.7300	0.9450	0.1945	0.9950	0.806	0.768	4.51%	0.1468
	2059	6,112	139,143	2276.6%	8	858	19,541	2276.6%	1.7300	0.9450	0.2029	0.9950	0.797	0.764	4.51%	0.1404
	2060	4,638	107,278	2313.0%	7	623	14,416	2313.0%	1.7300	0.9450	0.2010	0.9950	0.799	0.759	4.51%	0.1344
	2061	3,500	80,997	2314.1%	5	450	10,414	2314.1%	1.7300	0.9450	0.2032	0.9950	0.797	0.755	4.51%	0.1286
	2062	2,621	61,108	2331.3%	4	322	7,518	2331.3%	1.7300	0.9450	0.2069	0.9950	0.793	0.749	4.51%	0.1230
	2063	1,961	45,146	2301.6%	3	231	5,314	2301.6%	1.7300	0.9450	0.2076	0.9950	0.792	0.748	4.51%	0.1177
	2064	1,464	33,091	2260.1%	3	165	3,727	2260.1%	1.7300	0.9450	0.1981	0.9950	0.802	0.746	4.51%	0.1126
	2065	1,087	24,805	2281.0%	2	117	2,673	2281.0%	1.7300	0.9450	0.2166	0.9950	0.783	0.743	4.51%	0.1078
	2066	815	17,974	2205.0%	2	84	1,854	2205.0%	1.7300	0.9450	0.1841	0.9950	0.816	0.750	4.51%	0.1031
	2067	609	13,819	2270.2%	1	60	1,364	2270.2%	1.7300	0.9450	0.2075	0.9950	0.792	0.747	4.51%	0.0987
	2068	456	10,500	2301.9%	1	43	991	2301.9%	1.7300	0.9450	0.2010	0.9950	0.799	0.749	4.51%	0.0944
	2069	343	7,894	2304.3%	1	31	713	2304.3%	1.7300	0.9450	0.1647	0.9950	0.835	0.751	4.51%	0.0903
	2070	256	5,979	2334.0%	1	22	517	2334.0%	1.7300	0.9450	0.1702	0.9950	0.830	0.748	4.51%	0.0864
	2071	191	4,669	2449.3%	1	16	388	2449.3%	1.7300	0.9450	0.2019	0.9950	0.798	0.744	4.51%	0.0827
	2072	143	3,586	2502.7%	0	11	284	2502.7%	1.7300	0.9450	0.1820	0.9950	0.818	0.752	4.51%	0.0791
	2073	110	2,925	2671.0%	0	8	221	2671.0%	1.7300	0.9450	0.1671	0.9950	0.833	0.764	4.51%	0.0757
	2074	84	2,312	2758.4%	0	6	168	2758.4%	1.7300	0.9450	0.1766	0.9950	0.823	0.765	4.51%	0.0725
	2075-2095	249	7,780	3127.4%	0	17	539	3127.4%	1.7300	0.9450	0.1327	0.9950	0.867	N/A	4.51%	0.0693
	Past	29,055,558	6,584,618	22.7%	17,591	37,779,565	7,594,237	20.1%								
	Future	47,118,142	116,689,983	247.7%	22,323	31,409,040	58,033,519	184.8%								
	Lifetime	76,173,699	123,274,601	161.8%	39,914	69,188,605	65,627,756	94.9%								

Note:
- The implementation of the current requested 73% increase is assumed to begin in May 2017.
- The projections are based on the assumptions derived using experience data through 6/30/2014.

Exhibit II(b)
Demonstration that Lifetime Incurred Claims with Requested Increase are
Not Less than Lifetime Earned Premium with Prescribed Factors
Policy Forms: LTC.04
Policies Issued On or After October 1, 2003

1 Accumulated value of initial earned premium	37,779,565	x	58%	=	21,912,148
2a Accumulated value of earned premium	37,779,565				
2b Accumulated value of prior premium rate schedule increases (2a-1)	0		85%	=	0
3 Present value of future projected initial earned premium	21,531,751		58%	=	12,488,416
4a Present value of future projected premium	31,409,040				
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	9,877,288		85%	=	8,395,695
5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b					**42,796,259**
6a Accumulated value of incurred claims without the inclusion of active life reserves					7,594,237
6b Present value of future projected incurred claims without the inclusion of active life reserves					58,033,519
7 Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b					**65,627,756**
8 Test: 7 is not less than 5					TRUE

Attachment 1
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Virginia Experience Projections With No Increase
Policy Forms: LTC.04
Policies Issued Before and After October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest			Premium		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1991	-	-	N/A	-	-	-	N/A							4.51%	2.8197
	1992	-	-	N/A	-	-	-	N/A							4.51%	2.6981
	1993	-	-	N/A	-	-	-	N/A							4.51%	2.5816
	1994	-	-	N/A	-	-	-	N/A							4.51%	2.4702
	1995	-	-	N/A	-	-	-	N/A							4.51%	2.3636
	1996	-	-	N/A	-	-	-	N/A							4.51%	2.2616
	1997	-	-	N/A	-	-	-	N/A							4.51%	2.1640
	1998	-	-	N/A	-	-	-	N/A							4.51%	2.0706
	1999	-	-	N/A	-	-	-	N/A							4.51%	1.9813
	2000	-	-	N/A	-	-	-	N/A							4.51%	1.8958
	2001	-	-	N/A	-	-	-	N/A							4.51%	1.8140
	2002	49,104	-	0.0%	99	85,229	-	0.0%							4.51%	1.7357
	2003	312,902	-	0.0%	292	519,665	-	0.0%							4.51%	1.6608
	2004	464,905	-	0.0%	313	738,792	-	0.0%							4.51%	1.5891
	2005	464,768	2,250	0.5%	307	706,701	3,421	0.5%							4.51%	1.5205
	2006	470,599	-	0.0%	305	684,688	-	0.0%							4.51%	1.4549
	2007	475,477	-	0.0%	302	661,932	-	0.0%							4.51%	1.3921
	2008	483,788	-	0.0%	300	644,437	-	0.0%							4.51%	1.3321
	2009	490,924	-	0.0%	299	625,723	-	0.0%							4.51%	1.2746
	2010	497,369	31,058	6.2%	296	606,581	37,877	6.2%							4.51%	1.2196
	2011	488,716	121,766	24.9%	295	570,308	142,095	24.9%							4.51%	1.1670
	2012	488,049	326,938	67.0%	292	544,951	365,056	67.0%							4.51%	1.1166
	2013	486,826	90,360	18.6%	291	520,128	96,542	18.6%							4.51%	1.0684
	2014	469,726	262,954	56.0%	279	480,201	268,818	56.0%							4.51%	1.0223
Projected Future Experience	2015	434,217	363,574	83.7%	271	424,744	355,643	83.7%	1.0000	N/A	0.0275	0.0000	0.972	0.924	4.51%	0.9782
	2016	416,879	404,173	97.0%	263	390,187	378,295	97.0%	1.0000	N/A	0.0293	0.0000	0.971	0.960	4.51%	0.9360
	2017	399,122	448,168	112.3%	255	357,446	401,372	112.3%	1.0000	N/A	0.0314	0.0000	0.969	0.957	4.51%	0.8956
	2018	381,006	494,888	129.9%	247	326,497	424,087	129.9%	1.0000	N/A	0.0334	0.0000	0.967	0.955	4.51%	0.8569
	2019	362,519	542,622	149.7%	238	297,249	444,925	149.7%	1.0000	N/A	0.0358	0.0000	0.964	0.951	4.51%	0.8200
	2020	343,712	590,474	171.8%	229	269,667	463,268	171.8%	1.0000	N/A	0.0382	0.0000	0.962	0.948	4.51%	0.7846
	2021	324,693	641,280	197.5%	219	243,751	481,417	197.5%	1.0000	N/A	0.0408	0.0000	0.959	0.945	4.51%	0.7507
	2022	305,487	691,012	226.2%	210	219,436	496,366	226.2%	1.0000	N/A	0.0434	0.0000	0.957	0.941	4.51%	0.7183
	2023	286,207	739,124	258.2%	200	196,715	508,014	258.2%	1.0000	N/A	0.0465	0.0000	0.954	0.937	4.51%	0.6873
	2024	266,994	786,403	294.5%	190	175,591	517,185	294.5%	1.0000	N/A	0.0496	0.0000	0.950	0.933	4.51%	0.6577
	2025	247,912	831,701	335.5%	180	156,006	523,371	335.5%	1.0000	N/A	0.0526	0.0000	0.947	0.929	4.51%	0.6293
	2026	229,085	871,272	380.3%	170	137,937	524,612	380.3%	1.0000	N/A	0.0562	0.0000	0.944	0.924	4.51%	0.6021
	2027	210,606	906,525	430.4%	160	121,338	522,284	430.4%	1.0000	N/A	0.0598	0.0000	0.940	0.919	4.51%	0.5761
	2028	192,607	931,489	483.6%	150	106,180	513,508	483.6%	1.0000	N/A	0.0634	0.0000	0.937	0.915	4.51%	0.5513
	2029	175,224	949,748	542.0%	140	92,428	500,979	542.0%	1.0000	N/A	0.0671	0.0000	0.933	0.910	4.51%	0.5275
	2030	158,527	959,219	605.1%	130	80,012	484,140	605.1%	1.0000	N/A	0.0714	0.0000	0.929	0.905	4.51%	0.5047
	2031	142,596	956,491	670.8%	120	68,866	461,930	670.8%	1.0000	N/A	0.0753	0.0000	0.925	0.900	4.51%	0.4829
	2032	127,573	943,942	739.9%	110	58,952	436,197	739.9%	1.0000	N/A	0.0794	0.0000	0.921	0.895	4.51%	0.4621
	2033	113,500	923,176	813.4%	101	50,185	408,192	813.4%	1.0000	N/A	0.0840	0.0000	0.916	0.890	4.51%	0.4422
	2034	100,418	895,480	891.8%	92	42,485	378,859	891.8%	1.0000	N/A	0.0881	0.0000	0.912	0.885	4.51%	0.4231
	2035	88,328	859,854	973.5%	84	35,757	348,088	973.5%	1.0000	N/A	0.0930	0.0000	0.907	0.880	4.51%	0.4048
	2036	77,253	817,331	1058.0%	76	29,924	316,595	1058.0%	1.0000	N/A	0.0962	0.0000	0.904	0.875	4.51%	0.3874
	2037	67,194	772,911	1150.3%	68	24,905	286,469	1150.3%	1.0000	N/A	0.1016	0.0000	0.898	0.870	4.51%	0.3706
	2038	58,087	724,205	1246.8%	61	20,600	256,834	1246.8%	1.0000	N/A	0.1057	0.0000	0.894	0.864	4.51%	0.3546
	2039	49,913	670,404	1343.1%	54	16,937	227,494	1343.1%	1.0000	N/A	0.1095	0.0000	0.891	0.859	4.51%	0.3393
	2040	42,628	616,050	1445.2%	48	13,841	200,028	1445.2%	1.0000	N/A	0.1159	0.0000	0.884	0.854	4.51%	0.3247
	2041	36,192	561,242	1550.7%	42	11,244	174,368	1550.7%	1.0000	N/A	0.1190	0.0000	0.881	0.849	4.51%	0.3107
	2042	30,564	505,098	1652.6%	37	9,086	150,153	1652.6%	1.0000	N/A	0.1236	0.0000	0.876	0.844	4.51%	0.2973
	2043	25,679	450,398	1754.0%	32	7,304	128,114	1754.0%	1.0000	N/A	0.1278	0.0000	0.872	0.840	4.51%	0.2844
	2044	21,458	398,800	1858.5%	28	5,840	108,542	1858.5%	1.0000	N/A	0.1323	0.0000	0.868	0.836	4.51%	0.2722
	2045	17,814	348,817	1958.1%	24	4,639	90,841	1958.1%	1.0000	N/A	0.1370	0.0000	0.863	0.830	4.51%	0.2604
	2046	14,731	302,339	2052.3%	21	3,671	75,339	2052.3%	1.0000	N/A	0.1414	0.0000	0.859	0.827	4.51%	0.2492
	2047	12,098	260,222	2150.9%	18	2,885	62,046	2150.9%	1.0000	N/A	0.1458	0.0000	0.854	0.821	4.51%	0.2384
	2048	9,890	221,998	2244.6%	15	2,256	50,648	2244.6%	1.0000	N/A	0.1504	0.0000	0.850	0.817	4.51%	0.2281
	2049	8,046	188,333	2340.6%	13	1,757	41,113	2340.6%	1.0000	N/A	0.1544	0.0000	0.846	0.814	4.51%	0.2183
	2050	6,507	158,963	2443.0%	11	1,359	33,204	2443.0%	1.0000	N/A	0.1542	0.0000	0.846	0.809	4.51%	0.2089
	2051	5,246	131,751	2511.5%	9	1,048	26,333	2511.5%	1.0000	N/A	0.1637	0.0000	0.836	0.806	4.51%	0.1999
	2052	4,213	109,164	2591.0%	7	806	20,877	2591.0%	1.0000	N/A	0.1669	0.0000	0.833	0.803	4.51%	0.1912
	2053	3,371	89,018	2640.9%	6	617	16,289	2640.9%	1.0000	N/A	0.1722	0.0000	0.828	0.800	4.51%	0.1830
	2054	2,697	72,431	2685.6%	5	472	12,682	2685.6%	1.0000	N/A	0.1726	0.0000	0.827	0.800	4.51%	0.1751
	2055	2,159	58,301	2700.6%	4	362	9,768	2700.6%	1.0000	N/A	0.1754	0.0000	0.825	0.800	4.51%	0.1675
	2056	1,727	46,513	2693.8%	4	277	7,456	2693.8%	1.0000	N/A	0.1726	0.0000	0.827	0.800	4.51%	0.1603
	2057	1,372	37,088	2702.7%	3	210	5,689	2702.7%	1.0000	N/A	0.1943	0.0000	0.806	0.795	4.51%	0.1534
	2058	1,091	29,275	2683.8%	2	160	4,297	2683.8%	1.0000	N/A	0.1844	0.0000	0.816	0.795	4.51%	0.1468
	2059	868	23,284	2682.1%	2	122	3,270	2682.1%	1.0000	N/A	0.1826	0.0000	0.817	0.796	4.51%	0.1404
	2060	687	18,556	2702.2%	1	92	2,493	2702.2%	1.0000	N/A	0.2074	0.0000	0.793	0.791	4.51%	0.1344
	2061	541	14,879	2750.1%	1	70	1,913	2750.1%	1.0000	N/A	0.1946	0.0000	0.805	0.788	4.51%	0.1286
	2062	428	11,991	2799.0%	1	53	1,475	2799.0%	1.0000	N/A	0.2083	0.0000	0.792	0.792	4.51%	0.1230
	2063	339	9,951	2931.3%	1	40	1,171	2931.3%	1.0000	N/A	0.2211	0.0000	0.779	0.792	4.51%	0.1177
	2064	270	8,107	3007.4%	1	30	913	3007.4%	1.0000	N/A	0.1892	0.0000	0.811	0.794	4.51%	0.1126
	2065	217	6,567	3028.2%	0	23	708	3028.2%	1.0000	N/A	0.2000	0.0000	0.800	0.804	4.51%	0.1078
	2066	174	5,334	3070.7%	0	18	550	3070.7%	1.0000	N/A	0.2292	0.0000	0.771	0.801	4.51%	0.1031
	2067	138	4,289	3107.7%	0	14	423	3107.7%	1.0000	N/A	0.2432	0.0000	0.757	0.794	4.51%	0.0987
	2068	110	3,376	3081.2%	0	10	319	3081.2%	1.0000	N/A	0.2500	0.0000	0.750	0.794	4.51%	0.0944
	2069	86	2,625	3040.5%	0	8	237	3040.5%	1.0000	N/A	0.1905	0.0000	0.810	0.788	4.51%	0.0903
	2070	67	2,033	3044.1%	0	6	176	3044.1%	1.0000	N/A	0.1765	0.0000	0.824	0.774	4.51%	0.0864
	2071	51	1,572	3069.4%	0	4	130	3069.4%	1.0000	N/A	0.3571	0.0000	0.643	0.767	4.51%	0.0827
	2072	38	1,295	3392.5%	0	3	103	3392.5%	1.0000	N/A	0.3333	0.0000	0.667	0.746	4.51%	0.0791
	2073	29	1,020	3468.0%	0	2	77	3468.0%	1.0000	N/A	0.3333	0.0000	0.667	0.770	4.51%	0.0757
	2074	23	796	3507.2%	0	2	58	3507.2%	1.0000	N/A	0.2500	0.0000	0.750	0.772	4.51%	0.0725
	2075-2095	53	1,917	3611.4%	0	4	133	3611.4%	1.0000	N/A	0.3333	0.0000	0.667	N/A	4.51%	0.0693
					0											
	Past	5,643,151	835,326	14.8%	3,670	7,389,336	913,809	12.4%								
	Future	5,811,263	23,418,863	403.0%	4,354	4,012,132	11,892,062	296.4%								
	Lifetime	11,454,414	24,254,189	211.7%	8,024	11,401,469	12,805,871	112.3%								

Note:
- There have been no prior inforce rate revisions on these forms.
- The projections are based on the assumptions derived using experience data through 6/30/2014.

Attachment 1
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Virginia Experience Projections With 73% Future Increase
Policy Forms: LTC.04
Policies Issued Before and After October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors					
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	1991	-	-	N/A	-	-	-	N/A							4.51%	2.8197
	1992	-	-	N/A	-	-	-	N/A							4.51%	2.6981
	1993	-	-	N/A	-	-	-	N/A							4.51%	2.5816
	1994	-	-	N/A	-	-	-	N/A							4.51%	2.4702
	1995	-	-	N/A	-	-	-	N/A							4.51%	2.3636
	1996	-	-	N/A	-	-	-	N/A							4.51%	2.2616
	1997	-	-	N/A	-	-	-	N/A							4.51%	2.1640
	1998	-	-	N/A	-	-	-	N/A							4.51%	2.0706
	1999	-	-	N/A	-	-	-	N/A							4.51%	1.9813
	2000	-	-	N/A	-	-	-	N/A							4.51%	1.8958
	2001	-	-	N/A	-	-	-	N/A							4.51%	1.8140
	2002	49,104	-	0.0%	99	85,229	-	0.0%							4.51%	1.7357
	2003	312,902	-	0.0%	292	519,665	-	0.0%							4.51%	1.6608
	2004	464,905	-	0.0%	313	738,792	-	0.0%							4.51%	1.5891
Historical	2005	464,768	2,250	0.5%	307	706,701	3,421	0.5%							4.51%	1.5205
Experience	2006	470,599	-	0.0%	305	684,688	-	0.0%							4.51%	1.4549
	2007	475,477	-	0.0%	302	661,932	-	0.0%							4.51%	1.3921
	2008	483,788	-	0.0%	300	644,437	-	0.0%							4.51%	1.3321
	2009	490,924	-	0.0%	299	625,723	-	0.0%							4.51%	1.2746
	2010	497,369	31,058	6.2%	296	606,581	37,877	6.2%							4.51%	1.2196
	2011	488,716	121,766	24.9%	295	570,308	142,095	24.9%							4.51%	1.1670
	2012	488,049	326,938	67.0%	292	544,951	365,056	67.0%							4.51%	1.1166
	2013	486,826	90,360	18.6%	291	520,128	96,542	18.6%							4.51%	1.0684
	2014	469,726	262,954	56.0%	279	480,201	268,818	56.0%							4.51%	1.0223
Projected	2015	434,217	363,574	83.7%	271	424,744	355,643	83.7%	1.0000	1.0000	0.0275	1.0000	0.972	0.924	4.51%	0.9782
Future	2016	416,879	404,173	97.0%	263	390,187	378,295	97.0%	1.0000	1.0000	0.0293	1.0000	0.971	0.960	4.51%	0.9360
Experience	2017	464,890	441,454	95.0%	255	416,347	395,358	95.0%	1.1825	0.9863	0.0327	0.9988	0.967	0.957	4.51%	0.8956
	2018	610,481	466,557	76.4%	245	523,142	399,809	76.4%	1.6996	0.9473	0.0368	0.9952	0.963	0.955	4.51%	0.8569
	2019	589,702	510,214	86.5%	237	483,528	418,352	86.5%	1.7300	0.9450	0.0360	0.9950	0.964	0.951	4.51%	0.8200
	2020	559,109	555,208	99.3%	228	438,660	435,600	99.3%	1.7300	0.9450	0.0382	0.9950	0.962	0.948	4.51%	0.7846
	2021	528,170	602,979	114.2%	218	396,504	452,665	114.2%	1.7300	0.9450	0.0408	0.9950	0.959	0.945	4.51%	0.7507
	2022	496,928	649,741	130.8%	209	356,952	466,720	130.8%	1.7300	0.9450	0.0434	0.9950	0.957	0.941	4.51%	0.7183
	2023	465,565	694,980	149.3%	199	319,992	477,673	149.3%	1.7300	0.9450	0.0465	0.9950	0.954	0.937	4.51%	0.6873
	2024	434,312	739,435	170.3%	189	285,629	486,296	170.3%	1.7300	0.9450	0.0496	0.9950	0.950	0.933	4.51%	0.6577
	2025	403,272	782,028	193.9%	179	253,770	492,113	193.9%	1.7300	0.9450	0.0526	0.9950	0.947	0.929	4.51%	0.6293
	2026	372,647	819,235	219.8%	169	224,379	493,280	219.8%	1.7300	0.9450	0.0562	0.9950	0.944	0.924	4.51%	0.6021
	2027	342,588	852,383	248.8%	159	197,378	491,091	248.8%	1.7300	0.9450	0.0598	0.9950	0.940	0.919	4.51%	0.5761
	2028	313,309	875,856	279.6%	149	172,720	482,838	279.6%	1.7300	0.9450	0.0634	0.9950	0.937	0.915	4.51%	0.5513
	2029	285,033	893,024	313.3%	139	150,351	471,058	313.3%	1.7300	0.9450	0.0671	0.9950	0.933	0.910	4.51%	0.5275
	2030	257,872	901,930	349.8%	129	130,154	455,225	349.8%	1.7300	0.9450	0.0714	0.9950	0.929	0.905	4.51%	0.5047
	2031	231,958	899,365	387.7%	119	112,022	434,342	387.7%	1.7300	0.9450	0.0753	0.9950	0.925	0.900	4.51%	0.4829
	2032	207,520	887,565	427.7%	110	95,895	410,145	427.7%	1.7300	0.9450	0.0794	0.9950	0.921	0.895	4.51%	0.4621
	2033	184,627	868,039	470.2%	101	81,635	383,812	470.2%	1.7300	0.9450	0.0840	0.9950	0.916	0.890	4.51%	0.4422
	2034	163,348	841,997	515.5%	92	69,109	356,232	515.5%	1.7300	0.9450	0.0881	0.9950	0.912	0.885	4.51%	0.4231
	2035	143,682	808,499	562.7%	83	58,165	327,298	562.7%	1.7300	0.9450	0.0930	0.9950	0.907	0.880	4.51%	0.4048
	2036	125,666	768,516	611.6%	75	48,677	297,686	611.6%	1.7300	0.9450	0.0962	0.9950	0.904	0.875	4.51%	0.3874
	2037	109,303	726,749	664.9%	68	40,512	269,360	664.9%	1.7300	0.9450	0.1016	0.9950	0.898	0.870	4.51%	0.3706
	2038	94,489	680,951	720.7%	60	33,510	241,494	720.7%	1.7300	0.9450	0.1057	0.9950	0.894	0.864	4.51%	0.3546
	2039	81,192	630,365	776.4%	54	27,552	213,907	776.4%	1.7300	0.9450	0.1095	0.9950	0.891	0.859	4.51%	0.3393
	2040	69,342	579,256	835.4%	48	22,515	188,081	835.4%	1.7300	0.9450	0.1159	0.9950	0.884	0.854	4.51%	0.3247
	2041	58,873	527,721	896.4%	42	18,291	163,954	896.4%	1.7300	0.9450	0.1190	0.9950	0.881	0.849	4.51%	0.3107
	2042	49,718	474,931	955.3%	37	14,780	141,185	955.3%	1.7300	0.9450	0.1236	0.9950	0.876	0.844	4.51%	0.2973
	2043	41,771	423,498	1013.9%	32	11,882	120,463	1013.9%	1.7300	0.9450	0.1278	0.9950	0.872	0.840	4.51%	0.2844
	2044	34,905	374,982	1074.3%	28	9,500	102,060	1074.3%	1.7300	0.9450	0.1323	0.9950	0.868	0.836	4.51%	0.2722
	2045	28,977	327,984	1131.9%	24	7,547	85,416	1131.9%	1.7300	0.9450	0.1370	0.9950	0.863	0.830	4.51%	0.2604
	2046	23,963	284,282	1186.3%	21	5,971	70,840	1186.3%	1.7300	0.9450	0.1414	0.9950	0.859	0.827	4.51%	0.2492
	2047	19,680	244,680	1243.3%	18	4,692	58,340	1243.3%	1.7300	0.9450	0.1458	0.9950	0.854	0.821	4.51%	0.2384
	2048	16,088	208,740	1297.4%	15	3,671	47,623	1297.4%	1.7300	0.9450	0.1504	0.9950	0.850	0.817	4.51%	0.2281
	2049	13,089	177,085	1353.0%	13	2,857	38,658	1353.0%	1.7300	0.9450	0.1544	0.9950	0.846	0.814	4.51%	0.2183
	2050	10,585	149,469	1412.1%	11	2,211	31,221	1412.1%	1.7300	0.9450	0.1542	0.9950	0.846	0.809	4.51%	0.2089
	2051	8,534	123,883	1451.7%	9	1,706	24,760	1451.7%	1.7300	0.9450	0.1637	0.9950	0.836	0.806	4.51%	0.1999
	2052	6,853	102,644	1497.7%	7	1,311	19,630	1497.7%	1.7300	0.9450	0.1669	0.9950	0.833	0.803	4.51%	0.1912
	2053	5,483	83,702	1526.5%	6	1,003	15,316	1526.5%	1.7300	0.9450	0.1722	0.9950	0.828	0.800	4.51%	0.1830
	2054	4,387	68,105	1552.4%	5	768	11,925	1552.4%	1.7300	0.9450	0.1726	0.9950	0.827	0.800	4.51%	0.1751
	2055	3,512	54,819	1561.0%	4	588	9,184	1561.0%	1.7300	0.9450	0.1754	0.9950	0.825	0.800	4.51%	0.1675
	2056	2,809	43,735	1557.1%	3	450	7,011	1557.1%	1.7300	0.9450	0.1726	0.9950	0.827	0.800	4.51%	0.1603
	2057	2,232	34,873	1562.3%	3	342	5,349	1562.3%	1.7300	0.9450	0.1943	0.9950	0.806	0.795	4.51%	0.1534
	2058	1,774	27,527	1551.4%	2	260	4,040	1551.4%	1.7300	0.9450	0.1844	0.9950	0.816	0.795	4.51%	0.1468
	2059	1,412	21,894	1550.4%	2	198	3,075	1550.4%	1.7300	0.9450	0.1826	0.9950	0.817	0.796	4.51%	0.1404
	2060	1,117	17,447	1562.0%	1	150	2,344	1562.0%	1.7300	0.9450	0.2074	0.9950	0.793	0.791	4.51%	0.1344
	2061	880	13,991	1589.6%	1	113	1,799	1589.6%	1.7300	0.9450	0.1946	0.9950	0.805	0.788	4.51%	0.1286
	2062	697	11,275	1617.9%	1	86	1,387	1617.9%	1.7300	0.9450	0.2083	0.9950	0.792	0.792	4.51%	0.1230
	2063	552	9,357	1694.4%	1	65	1,101	1694.4%	1.7300	0.9450	0.2211	0.9950	0.779	0.792	4.51%	0.1177
	2064	439	7,623	1738.4%	1	49	859	1738.4%	1.7300	0.9450	0.1892	0.9950	0.811	0.794	4.51%	0.1126
	2065	353	6,175	1750.4%	0	38	666	1750.4%	1.7300	0.9450	0.2000	0.9950	0.800	0.804	4.51%	0.1078
	2066	283	5,016	1775.0%	0	29	517	1775.0%	1.7300	0.9450	0.2292	0.9950	0.771	0.801	4.51%	0.1031
	2067	224	4,032	1796.4%	0	22	398	1796.4%	1.7300	0.9450	0.2432	0.9950	0.757	0.794	4.51%	0.0987
	2068	178	3,175	1781.0%	0	17	300	1781.0%	1.7300	0.9450	0.2500	0.9950	0.750	0.794	4.51%	0.0944
	2069	140	2,468	1757.5%	0	13	223	1757.5%	1.7300	0.9450	0.1905	0.9950	0.810	0.788	4.51%	0.0903
	2070	109	1,912	1759.6%	0	9	165	1759.6%	1.7300	0.9450	0.1765	0.9950	0.824	0.774	4.51%	0.0864
	2071	83	1,478	1774.2%	0	7	122	1774.2%	1.7300	0.9450	0.3571	0.9950	0.643	0.767	4.51%	0.0827
	2072	62	1,218	1961.0%	0	5	96	1961.0%	1.7300	0.9450	0.3333	0.9950	0.667	0.746	4.51%	0.0791
	2073	48	959	2004.6%	0	4	73	2004.6%	1.7300	0.9450	0.3333	0.9950	0.667	0.770	4.51%	0.0757
	2074	37	748	2027.3%	0	3	54	2027.3%	1.7300	0.9450	0.2500	0.9950	0.750	0.772	4.51%	0.0725
	2075-2095	86	1,803	2087.5%	0	6	125	2087.5%	1.7300	0.9450	0.3333	0.9950	0.667	N/A	4.51%	0.0693
	Past	5,643,151	835,326	14.8%	3,670	7,389,336	913,809	12.4%								
	Future	8,726,035	22,087,303	253.1%	4,336	5,842,676	11,244,652	192.5%								
	Lifetime	14,369,186	22,922,629	159.5%	8,006	13,232,012	12,158,461	91.9%								

Note:
- The implementation of the current requested 73% increase is assumed to begin in May 2017.
- The projections are based on the assumptions derived using experience data through 6/30/2014.

Attachment 2
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Policy Forms: LTC.02, LTC.03, LTC.04
Policies Issued Before and After October 1, 2003

Nationwide Experience, without Interest and without Increase

Calendar Year	Earned Premium	Incurred Claims	Change in Active Life Reserve	Loss Ratio
1991	236,752	-		0.0%
1992	1,001,528	12,795		1.3%
1993	1,836,721	88,383		4.8%
1994	2,576,020	630,822		24.5%
1995	3,998,155	348,032		8.7%
1996	8,023,473	1,479,326		18.4%
1997	11,464,184	1,811,298		15.8%
1998	16,884,276	2,735,139		16.2%
1999	28,568,559	5,904,045		20.7%
2000	38,524,323	7,407,851		19.2%
2001	48,863,566	9,822,219		20.1%
2002	55,785,062	14,089,533		25.3%
2003	61,690,904	17,872,405		29.0%
2004	64,810,838	23,122,435		35.7%
2005	64,017,035	33,463,963		52.3%
2006	63,320,448	29,395,603		46.4%
2007	62,984,936	35,871,614		57.0%
2008	62,683,070	45,928,092		73.3%
2009	62,116,171	47,100,436		75.8%
2010	61,365,894	49,921,996	601,820,114*	81.4%
2011	59,401,679	52,121,688	45,421,129	87.7%
2012	57,775,667	59,072,563	38,899,195	102.2%
2013	55,541,532	68,472,906	30,604,281	123.3%
2014	53,415,239	78,937,493	27,471,785	147.8%
Total	946,886,031	585,610,638	744,216,504	61.8%

Virginia Experience, without Interest and without Increase

Calendar Year	Earned Premium	Incurred Claims	Change in Active Life Reserve	Loss Ratio
1991	5,933	-		0.0%
1992	40,302	-		0.0%
1993	71,989	-		0.0%
1994	85,032	35,195		41.4%
1995	117,048	14,704		12.6%
1996	254,404	92,467		36.3%
1997	382,615	204,119		53.3%
1998	629,177	157,389		25.0%
1999	1,151,219	208,994		18.2%
2000	1,587,384	77,184		4.9%
2001	2,014,028	263,845		13.1%
2002	2,268,789	262,232		11.6%
2003	2,531,284	624,039		24.7%
2004	2,650,995	1,187,555		44.8%
2005	2,633,035	1,150,269		43.7%
2006	2,593,958	1,420,313		54.8%
2007	2,568,410	1,575,558		61.3%
2008	2,567,183	1,172,438		45.7%
2009	2,557,453	2,373,175		92.8%
2010	2,547,941	854,687	25,162,612*	33.5%
2011	2,452,644	2,076,521	1,876,534	84.7%
2012	2,401,300	2,380,564	1,826,160	99.1%
2013	2,371,939	3,077,703	1,697,653	129.8%
2014	2,283,191	3,683,688	1,522,882	161.3%
Total	38,767,253	22,892,638	32,085,841	59.1%

* Figure is cumulative ALR as of 12/31/2010. Prior year's ALR are not available.

Attachment 3
Comparison of Original Pricing and Current Assumptions

	Original Pricing Assumptions	Current Assumptions
Interest Rate:	5.75%	Maximum valuation interest rate for contract reserves, which average to 4.51%
Mortality:	TIAA's annuity data 1983 Table A Merged Gender Mod 1 (with ages set back 4.5 years)	82% of Annuity 2000 Basic table With Mortality Selection Factors of:

Duration	Mortality Selection
1	25%
2	50%
3	55%
4	65%
5	70%
6	75%
7	80%
8	85%
9	90%
10	95%
11+	100%

Voluntary Lapse Rates:

Issue Age	Ultimate Lapse
25-42	1.0%
47	1.5%
52-62	2.0%
67-82	1.0%
87+	0.0%

Duration	Lapse Rate
1	5.00%
2	4.50%
3	3.00%
4	2.00%
5	1.50%
6	0.70%
7	0.70%
8	0.70%
9+	0.70%

Morbidity:

Incidence and continuance rates for nursing home care were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications.
Home health care incidence and continuance rates were based on the nursing home care rates with modifications.

Morbidity underwriting savings vary by age and duration.

Current TIAA block experience
With Morbidity U/W Selection Factors of:

Duration	U/W Selection
1	58%
2	74%
3	83%
4+	100%

Attachment 4
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections (Restated Assuming the Current Requested Increase of 73% Applied Since Inception)
Policy Forms: LTC.04
Policies Issued Before and After October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest			Premium		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1991	-	-	N/A	-	-	-	N/A							4.51%	2.8197
	1992	-	-	N/A	-	-	-	N/A							4.51%	2.6981
	1993	-	-	N/A	-	-	-	N/A							4.51%	2.5816
	1994	-	-	N/A	-	-	-	N/A							4.51%	2.4702
	1995	-	-	N/A	-	-	-	N/A							4.51%	2.3636
	1996	-	-	N/A	-	-	-	N/A							4.51%	2.2616
	1997	-	-	N/A	-	-	-	N/A							4.51%	2.1640
	1998	-	-	N/A	-	-	-	N/A							4.51%	2.0706
	1999	-	-	N/A	-	-	-	N/A							4.51%	1.9813
	2000	403,195	-	0.0%	803	764,371	-	0.0%							4.51%	1.8958
	2001	6,811,717	201,657	3.0%	4,094	12,356,273	365,800	3.0%							4.51%	1.8140
	2002	15,113,404	953,428	6.3%	7,264	26,232,241	1,654,860	6.3%							4.51%	1.7357
	2003	25,307,378	828,786	3.3%	11,172	42,030,292	1,376,441	3.3%							4.51%	1.6608
	2004	31,680,523	1,031,846	3.3%	11,573	50,344,235	1,639,729	3.3%							4.51%	1.5891
	2005	31,551,791	3,160,344	10.0%	11,385	47,975,949	4,805,448	10.0%							4.51%	1.5205
	2006	31,491,905	2,546,552	8.1%	11,253	45,818,476	3,705,052	8.1%							4.51%	1.4549
	2007	31,587,562	5,440,549	17.2%	11,115	43,974,405	7,574,022	17.2%							4.51%	1.3921
	2008	31,661,332	5,685,010	18.0%	10,987	42,175,010	7,572,813	18.0%							4.51%	1.3321
	2009	31,617,460	5,912,507	18.7%	10,810	40,299,081	7,535,982	18.7%							4.51%	1.2746
	2010	31,582,855	8,642,653	27.4%	10,668	38,517,820	10,540,407	27.4%							4.51%	1.2196
	2011	31,148,771	6,855,847	22.0%	10,539	36,349,077	8,000,434	22.0%							4.51%	1.1670
	2012	30,732,512	9,735,313	31.7%	10,415	34,315,685	10,870,375	31.7%							4.51%	1.1166
	2013	29,773,007	9,509,561	31.9%	10,322	31,809,692	10,160,083	31.9%							4.51%	1.0684
	2014	29,079,530	15,385,953	52.9%	10,134	29,728,042	15,729,080	52.9%							4.51%	1.0223
Projected Future Experience	2015	27,657,123	14,553,206	52.6%	9,837	27,053,787	14,235,730	52.6%	1.7300	N/A	0.0293	0.0000	0.971	0.951	4.51%	0.9782
	2016	26,467,359	16,146,862	61.0%	9,529	24,772,728	15,113,023	61.0%	1.7300	N/A	0.0313	0.0000	0.969	0.957	4.51%	0.9360
	2017	25,257,575	17,834,348	70.6%	9,211	22,620,230	15,972,122	70.6%	1.7300	N/A	0.0334	0.0000	0.967	0.954	4.51%	0.8956
	2018	24,029,028	19,578,944	81.5%	8,882	20,591,298	16,777,869	81.5%	1.7300	N/A	0.0357	0.0000	0.964	0.951	4.51%	0.8569
	2019	22,783,915	21,354,458	93.7%	8,544	18,681,771	17,509,681	93.7%	1.7300	N/A	0.0381	0.0000	0.962	0.948	4.51%	0.8200
	2020	21,524,709	23,131,847	107.5%	8,196	16,887,646	18,148,559	107.5%	1.7300	N/A	0.0407	0.0000	0.959	0.945	4.51%	0.7846
	2021	20,256,628	24,891,230	122.9%	7,840	15,206,916	18,686,172	122.9%	1.7300	N/A	0.0434	0.0000	0.957	0.941	4.51%	0.7507
	2022	18,985,063	26,602,108	140.1%	7,477	13,637,293	19,108,746	140.1%	1.7300	N/A	0.0463	0.0000	0.954	0.937	4.51%	0.7183
	2023	17,717,751	28,222,941	159.3%	7,108	12,177,745	19,398,161	159.3%	1.7300	N/A	0.0494	0.0000	0.951	0.933	4.51%	0.6873
	2024	16,462,137	29,726,526	180.6%	6,734	10,826,464	19,549,903	180.6%	1.7300	N/A	0.0525	0.0000	0.947	0.929	4.51%	0.6577
	2025	15,226,111	31,092,298	204.2%	6,358	9,581,458	19,565,702	204.2%	1.7300	N/A	0.0559	0.0000	0.944	0.925	4.51%	0.6293
	2026	14,016,063	32,246,248	230.1%	5,980	8,439,385	19,416,187	230.1%	1.7300	N/A	0.0594	0.0000	0.941	0.921	4.51%	0.6021
	2027	12,837,278	33,173,552	258.4%	5,603	7,396,050	19,112,561	258.4%	1.7300	N/A	0.0631	0.0000	0.937	0.916	4.51%	0.5761
	2028	11,699,389	33,851,936	289.3%	5,228	6,449,592	18,661,759	289.3%	1.7300	N/A	0.0668	0.0000	0.933	0.911	4.51%	0.5513
	2029	10,607,242	34,246,419	322.9%	4,858	5,595,175	18,064,518	322.9%	1.7300	N/A	0.0708	0.0000	0.929	0.907	4.51%	0.5275
	2030	9,565,600	34,361,726	359.2%	4,495	4,827,981	17,343,164	359.2%	1.7300	N/A	0.0748	0.0000	0.925	0.902	4.51%	0.5047
	2031	8,578,358	34,161,335	398.2%	4,139	4,142,854	16,497,964	398.2%	1.7300	N/A	0.0791	0.0000	0.921	0.897	4.51%	0.4829
	2032	7,650,489	33,650,588	439.8%	3,794	3,535,305	15,549,998	439.8%	1.7300	N/A	0.0833	0.0000	0.917	0.892	4.51%	0.4621
	2033	6,784,647	32,848,182	484.2%	3,461	2,999,902	14,524,164	484.2%	1.7300	N/A	0.0879	0.0000	0.912	0.887	4.51%	0.4422
	2034	5,982,617	31,789,111	531.4%	3,141	2,531,122	13,449,321	531.4%	1.7300	N/A	0.0924	0.0000	0.908	0.882	4.51%	0.4231
	2035	5,244,436	30,493,845	581.5%	2,836	2,123,063	12,344,580	581.5%	1.7300	N/A	0.0970	0.0000	0.903	0.877	4.51%	0.4048
	2036	4,570,199	28,993,335	634.4%	2,548	1,770,278	11,230,639	634.4%	1.7300	N/A	0.1018	0.0000	0.898	0.871	4.51%	0.3874
	2037	3,958,624	27,323,112	690.2%	2,276	1,467,211	10,126,948	690.2%	1.7300	N/A	0.1066	0.0000	0.893	0.866	4.51%	0.3706
	2038	3,407,771	25,532,025	749.2%	2,022	1,208,540	9,054,737	749.2%	1.7300	N/A	0.1115	0.0000	0.888	0.861	4.51%	0.3546
	2039	2,915,527	23,636,902	810.7%	1,787	989,350	8,020,903	810.7%	1.7300	N/A	0.1164	0.0000	0.884	0.856	4.51%	0.3393
	2040	2,478,820	21,696,801	875.3%	1,569	804,859	7,044,831	875.3%	1.7300	N/A	0.1217	0.0000	0.878	0.850	4.51%	0.3247
	2041	2,094,135	19,742,259	942.7%	1,371	650,612	6,133,578	942.7%	1.7300	N/A	0.1263	0.0000	0.874	0.845	4.51%	0.3107
	2042	1,757,961	17,811,879	1013.2%	1,191	522,599	5,295,036	1013.2%	1.7300	N/A	0.1317	0.0000	0.868	0.839	4.51%	0.2973
	2043	1,466,190	15,923,934	1086.1%	1,028	417,053	4,529,515	1086.1%	1.7300	N/A	0.1366	0.0000	0.863	0.834	4.51%	0.2844
	2044	1,214,980	14,112,020	1161.5%	882	330,683	3,840,897	1161.5%	1.7300	N/A	0.1417	0.0000	0.858	0.829	4.51%	0.2722
	2045	999,707	12,395,967	1240.0%	753	260,351	3,228,242	1240.0%	1.7300	N/A	0.1470	0.0000	0.853	0.823	4.51%	0.2604
	2046	817,454	10,787,917	1319.7%	638	203,700	2,688,224	1319.7%	1.7300	N/A	0.1519	0.0000	0.848	0.818	4.51%	0.2492
	2047	663,530	9,304,547	1402.3%	538	158,209	2,218,529	1402.3%	1.7300	N/A	0.1575	0.0000	0.842	0.812	4.51%	0.2384
	2048	534,931	7,958,387	1487.7%	450	122,042	1,815,671	1487.7%	1.7300	N/A	0.1631	0.0000	0.837	0.806	4.51%	0.2281
	2049	428,489	6,741,816	1573.4%	375	93,539	1,471,740	1573.4%	1.7300	N/A	0.1677	0.0000	0.832	0.801	4.51%	0.2183
	2050	340,904	5,654,127	1658.6%	310	71,208	1,181,033	1658.6%	1.7300	N/A	0.1720	0.0000	0.828	0.796	4.51%	0.2089
	2051	269,354	4,700,041	1744.9%	255	53,835	939,378	1744.9%	1.7300	N/A	0.1776	0.0000	0.822	0.790	4.51%	0.1999
	2052	211,355	3,869,663	1830.9%	208	40,420	740,038	1830.9%	1.7300	N/A	0.1838	0.0000	0.816	0.785	4.51%	0.1912
	2053	164,637	3,155,857	1916.9%	169	30,127	577,484	1916.9%	1.7300	N/A	0.1899	0.0000	0.810	0.779	4.51%	0.1830
	2054	127,511	2,551,317	2000.9%	136	22,326	446,714	2000.9%	1.7300	N/A	0.1916	0.0000	0.808	0.774	4.51%	0.1751
	2055	98,303	2,041,545	2076.8%	110	16,469	342,031	2076.8%	1.7300	N/A	0.1962	0.0000	0.804	0.771	4.51%	0.1675
	2056	75,371	1,615,290	2143.1%	88	12,082	258,940	2143.1%	1.7300	N/A	0.1989	0.0000	0.801	0.767	4.51%	0.1603
	2057	57,451	1,269,469	2209.6%	70	8,812	194,721	2209.6%	1.7300	N/A	0.2075	0.0000	0.792	0.762	4.51%	0.1534
	2058	43,522	989,481	2273.5%	55	6,388	145,225	2273.5%	1.7300	N/A	0.2064	0.0000	0.794	0.758	4.51%	0.1468
	2059	32,877	765,804	2329.3%	44	4,617	107,546	2329.3%	1.7300	N/A	0.2099	0.0000	0.790	0.755	4.51%	0.1404
	2060	24,733	589,999	2385.5%	34	3,323	79,281	2385.5%	1.7300	N/A	0.2123	0.0000	0.788	0.752	4.51%	0.1344
	2061	18,530	450,209	2429.6%	27	2,383	57,886	2429.6%	1.7300	N/A	0.2136	0.0000	0.786	0.749	4.51%	0.1286
	2062	13,832	341,650	2470.0%	21	1,702	42,032	2470.0%	1.7300	N/A	0.2191	0.0000	0.781	0.746	4.51%	0.1230
	2063	10,295	256,528	2491.8%	16	1,212	30,198	2491.8%	1.7300	N/A	0.2185	0.0000	0.782	0.744	4.51%	0.1177
	2064	7,639	191,541	2507.3%	13	860	21,575	2507.3%	1.7300	N/A	0.2110	0.0000	0.789	0.742	4.51%	0.1126
	2065	5,659	142,318	2514.9%	10	610	15,339	2514.9%	1.7300	N/A	0.2252	0.0000	0.775	0.741	4.51%	0.1078
	2066	4,191	104,672	2497.7%	8	432	10,794	2497.7%	1.7300	N/A	0.2163	0.0000	0.784	0.741	4.51%	0.1031
	2067	3,106	76,588	2466.0%	6	306	7,557	2466.0%	1.7300	N/A	0.2203	0.0000	0.780	0.741	4.51%	0.0987
	2068	2,305	56,888	2467.9%	5	218	5,371	2467.9%	1.7300	N/A	0.2224	0.0000	0.778	0.742	4.51%	0.0944
	2069	1,715	41,069	2394.6%	4	155	3,710	2394.6%	1.7300	N/A	0.2004	0.0000	0.800	0.744	4.51%	0.0903
	2070	1,281	29,907	2334.1%	3	111	2,585	2334.1%	1.7300	N/A	0.2063	0.0000	0.794	0.747	4.51%	0.0864
	2071	953	22,737	2384.7%	2	79	1,881	2384.7%	1.7300	N/A	0.2105	0.0000	0.789	0.744	4.51%	0.0827
	2072	717	16,892	2357.1%	2	57	1,337	2357.1%	1.7300	N/A	0.2125	0.0000	0.788	0.752	4.51%	0.0791
	2073	547	13,334	2439.5%	2	41	1,010	2439.5%	1.7300	N/A	0.2063	0.0000	0.794	0.763	4.51%	0.0757
	2074	418	10,308	2468.9%	1	30	747	2468.9%	1.7300	N/A	0.2000	0.0000	0.800	0.764	4.51%	0.0725
	2075-2095	1,228	32,877	2676.3%	1	85	2,279	2676.3%	1.7300	N/A	0.1917	0.0000	0.808	N/A	4.51%	0.0693
	Past	389,542,944	75,890,005	19.5%	142,534	522,690,650	91,530,526	17.5%								
	Future	358,160,266	854,908,724	238.7%	152,277	249,354,681	440,946,068	176.8%								
	Lifetime	747,703,209	930,798,728	124.5%	294,811	772,045,331	532,476,594	69.0%								

Note:
- There have been no prior inforce rate revisions on these forms.
- The projections are based on the assumptions derived using experience data through 6/30/2014.

Attachment 5
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Virginia Experience Projections (Restated Assuming the Current Requested Increase of 73% Applied Since Inception)
Policy Forms: LTC.04
Policies Issued Before and After October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest			Premium		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
	1991	-	-	N/A	-	-	-	N/A							4.51%	2.8197
	1992	-	-	N/A	-	-	-	N/A							4.51%	2.6981
	1993	-	-	N/A	-	-	-	N/A							4.51%	2.5816
	1994	-	-	N/A	-	-	-	N/A							4.51%	2.4702
	1995	-	-	N/A	-	-	-	N/A							4.51%	2.3636
	1996	-	-	N/A	-	-	-	N/A							4.51%	2.2616
	1997	-	-	N/A	-	-	-	N/A							4.51%	2.1640
	1998	-	-	N/A	-	-	-	N/A							4.51%	2.0706
	1999	-	-	N/A	-	-	-	N/A							4.51%	1.9813
	2000	-	-	N/A	-	-	-	N/A							4.51%	1.8958
	2001	-	-	N/A	-	-	-	N/A							4.51%	1.8140
	2002	84,949	-	0.0%	99	147,446	-	0.0%							4.51%	1.7357
	2003	541,320	-	0.0%	292	899,020	-	0.0%							4.51%	1.6608
	2004	804,286	-	0.0%	313	1,278,110	-	0.0%							4.51%	1.5891
Historical	2005	804,049	2,250	0.3%	307	1,222,593	3,421	0.3%							4.51%	1.5205
Experience	2006	814,136	-	0.0%	305	1,184,510	-	0.0%							4.51%	1.4549
	2007	822,575	-	0.0%	302	1,145,143	-	0.0%							4.51%	1.3921
	2008	836,953	-	0.0%	300	1,114,877	-	0.0%							4.51%	1.3321
	2009	849,298	-	0.0%	299	1,082,500	-	0.0%							4.51%	1.2746
	2010	860,449	31,058	3.6%	296	1,049,386	37,877	3.6%							4.51%	1.2196
	2011	845,479	121,766	14.4%	295	986,633	142,095	14.4%							4.51%	1.1670
	2012	844,324	326,938	38.7%	292	942,766	365,056	38.7%							4.51%	1.1166
	2013	842,208	90,360	10.7%	291	899,821	96,542	10.7%							4.51%	1.0684
	2014	812,625	262,954	32.4%	279	830,748	268,818	32.4%							4.51%	1.0223
Projected	2015	751,195	363,574	48.4%	271	734,808	355,643	48.4%	1.7300	N/A	0.0275	0.0000	0.972	0.924	4.51%	0.9782
Future	2016	721,200	404,173	56.0%	263	675,024	378,295	56.0%	1.7300	N/A	0.0293	0.0000	0.971	0.960	4.51%	0.9360
Experience	2017	690,481	448,168	64.9%	255	618,382	401,372	64.9%	1.7300	N/A	0.0314	0.0000	0.969	0.957	4.51%	0.8956
	2018	659,141	494,888	75.1%	247	564,840	424,087	75.1%	1.7300	N/A	0.0334	0.0000	0.967	0.955	4.51%	0.8569
	2019	627,159	542,622	86.5%	238	514,241	444,925	86.5%	1.7300	N/A	0.0358	0.0000	0.964	0.951	4.51%	0.8200
	2020	594,623	590,474	99.3%	229	466,523	463,268	99.3%	1.7300	N/A	0.0382	0.0000	0.962	0.948	4.51%	0.7846
	2021	561,719	641,280	114.2%	219	421,689	481,417	114.2%	1.7300	N/A	0.0408	0.0000	0.959	0.945	4.51%	0.7507
	2022	528,492	691,012	130.8%	210	379,625	496,366	130.8%	1.7300	N/A	0.0434	0.0000	0.957	0.941	4.51%	0.7183
	2023	495,137	739,124	149.3%	200	340,317	508,014	149.3%	1.7300	N/A	0.0465	0.0000	0.954	0.937	4.51%	0.6873
	2024	461,899	786,403	170.3%	190	303,772	517,185	170.3%	1.7300	N/A	0.0496	0.0000	0.950	0.933	4.51%	0.6577
	2025	428,888	831,701	193.9%	180	269,890	523,371	193.9%	1.7300	N/A	0.0526	0.0000	0.947	0.929	4.51%	0.6293
	2026	396,317	871,272	219.8%	170	238,632	524,612	219.8%	1.7300	N/A	0.0562	0.0000	0.944	0.924	4.51%	0.6021
	2027	364,349	906,525	248.8%	160	209,915	522,284	248.8%	1.7300	N/A	0.0598	0.0000	0.940	0.919	4.51%	0.5761
	2028	333,210	931,489	279.6%	150	183,691	513,508	279.6%	1.7300	N/A	0.0634	0.0000	0.937	0.915	4.51%	0.5513
	2029	303,138	949,748	313.3%	140	159,901	500,979	313.3%	1.7300	N/A	0.0671	0.0000	0.933	0.910	4.51%	0.5275
	2030	274,252	959,219	349.8%	130	138,421	484,140	349.8%	1.7300	N/A	0.0714	0.0000	0.929	0.905	4.51%	0.5047
	2031	246,691	956,491	387.7%	120	119,138	461,930	387.7%	1.7300	N/A	0.0753	0.0000	0.925	0.900	4.51%	0.4829
	2032	220,702	943,942	427.7%	110	101,987	436,197	427.7%	1.7300	N/A	0.0794	0.0000	0.921	0.895	4.51%	0.4621
	2033	196,354	923,176	470.2%	101	86,820	408,192	470.2%	1.7300	N/A	0.0840	0.0000	0.916	0.890	4.51%	0.4422
	2034	173,723	895,480	515.5%	92	73,499	378,859	515.5%	1.7300	N/A	0.0881	0.0000	0.912	0.885	4.51%	0.4231
	2035	152,808	859,854	562.7%	84	61,860	348,088	562.7%	1.7300	N/A	0.0930	0.0000	0.907	0.880	4.51%	0.4048
	2036	133,648	817,331	611.6%	76	51,769	316,595	611.6%	1.7300	N/A	0.0962	0.0000	0.904	0.875	4.51%	0.3874
	2037	116,246	772,911	664.9%	68	43,085	286,469	664.9%	1.7300	N/A	0.1016	0.0000	0.898	0.870	4.51%	0.3706
	2038	100,491	724,205	720.7%	61	35,638	256,834	720.7%	1.7300	N/A	0.1057	0.0000	0.894	0.864	4.51%	0.3546
	2039	86,349	670,404	776.4%	54	29,302	227,494	776.4%	1.7300	N/A	0.1095	0.0000	0.891	0.859	4.51%	0.3393
	2040	73,747	616,050	835.4%	48	23,945	200,028	835.4%	1.7300	N/A	0.1159	0.0000	0.884	0.854	4.51%	0.3247
	2041	62,613	561,242	896.4%	42	19,453	174,368	896.4%	1.7300	N/A	0.1190	0.0000	0.881	0.849	4.51%	0.3107
	2042	52,876	505,098	955.3%	37	15,719	150,153	955.3%	1.7300	N/A	0.1236	0.0000	0.876	0.844	4.51%	0.2973
	2043	44,424	450,398	1013.9%	32	12,636	128,114	1013.9%	1.7300	N/A	0.1278	0.0000	0.872	0.840	4.51%	0.2844
	2044	37,122	398,800	1074.3%	28	10,104	108,542	1074.3%	1.7300	N/A	0.1323	0.0000	0.868	0.836	4.51%	0.2722
	2045	30,818	348,817	1131.9%	24	8,026	90,841	1131.9%	1.7300	N/A	0.1370	0.0000	0.863	0.830	4.51%	0.2604
	2046	25,485	302,339	1186.3%	21	6,351	75,339	1186.3%	1.7300	N/A	0.1414	0.0000	0.859	0.827	4.51%	0.2492
	2047	20,930	260,222	1243.3%	18	4,991	62,046	1243.3%	1.7300	N/A	0.1458	0.0000	0.854	0.821	4.51%	0.2384
	2048	17,110	221,998	1297.4%	15	3,904	50,648	1297.4%	1.7300	N/A	0.1504	0.0000	0.850	0.817	4.51%	0.2281
	2049	13,920	188,333	1353.0%	13	3,039	41,113	1353.0%	1.7300	N/A	0.1544	0.0000	0.846	0.814	4.51%	0.2183
	2050	11,257	158,963	1412.1%	11	2,351	33,204	1412.1%	1.7300	N/A	0.1542	0.0000	0.846	0.809	4.51%	0.2089
	2051	9,076	131,751	1451.7%	9	1,814	26,333	1451.7%	1.7300	N/A	0.1637	0.0000	0.836	0.806	4.51%	0.1999
	2052	7,289	109,164	1497.7%	7	1,394	20,877	1497.7%	1.7300	N/A	0.1669	0.0000	0.833	0.803	4.51%	0.1912
	2053	5,831	89,018	1526.5%	6	1,067	16,289	1526.5%	1.7300	N/A	0.1722	0.0000	0.828	0.800	4.51%	0.1830
	2054	4,666	72,431	1552.4%	5	817	12,682	1552.4%	1.7300	N/A	0.1726	0.0000	0.827	0.800	4.51%	0.1751
	2055	3,735	58,301	1561.0%	4	626	9,768	1561.0%	1.7300	N/A	0.1754	0.0000	0.825	0.800	4.51%	0.1675
	2056	2,987	46,513	1557.1%	4	479	7,456	1557.1%	1.7300	N/A	0.1726	0.0000	0.827	0.800	4.51%	0.1603
	2057	2,374	37,088	1562.3%	3	364	5,689	1562.3%	1.7300	N/A	0.1943	0.0000	0.806	0.795	4.51%	0.1534
	2058	1,887	29,275	1551.4%	2	277	4,297	1551.4%	1.7300	N/A	0.1844	0.0000	0.816	0.795	4.51%	0.1468
	2059	1,502	23,284	1550.4%	2	211	3,270	1550.4%	1.7300	N/A	0.1826	0.0000	0.817	0.796	4.51%	0.1404
	2060	1,188	18,556	1562.0%	1	160	2,493	1562.0%	1.7300	N/A	0.2074	0.0000	0.793	0.791	4.51%	0.1344
	2061	936	14,879	1589.6%	1	120	1,913	1589.6%	1.7300	N/A	0.1946	0.0000	0.805	0.788	4.51%	0.1286
	2062	741	11,991	1617.9%	1	91	1,475	1617.9%	1.7300	N/A	0.2083	0.0000	0.792	0.792	4.51%	0.1230
	2063	587	9,951	1694.4%	1	69	1,171	1694.4%	1.7300	N/A	0.2211	0.0000	0.779	0.792	4.51%	0.1177
	2064	466	8,107	1738.4%	1	53	913	1738.4%	1.7300	N/A	0.1892	0.0000	0.811	0.794	4.51%	0.1126
	2065	375	6,567	1750.4%	0	40	708	1750.4%	1.7300	N/A	0.2000	0.0000	0.800	0.804	4.51%	0.1078
	2066	301	5,334	1775.0%	0	31	550	1775.0%	1.7300	N/A	0.2292	0.0000	0.771	0.801	4.51%	0.1031
	2067	239	4,289	1796.4%	0	24	423	1796.4%	1.7300	N/A	0.2432	0.0000	0.757	0.794	4.51%	0.0987
	2068	190	3,376	1781.0%	0	18	319	1781.0%	1.7300	N/A	0.2500	0.0000	0.750	0.794	4.51%	0.0944
	2069	149	2,625	1757.5%	0	13	237	1757.5%	1.7300	N/A	0.1905	0.0000	0.810	0.788	4.51%	0.0903
	2070	116	2,033	1759.6%	0	10	176	1759.6%	1.7300	N/A	0.1765	0.0000	0.824	0.774	4.51%	0.0864
	2071	89	1,572	1774.2%	0	7	130	1774.2%	1.7300	N/A	0.3571	0.0000	0.643	0.767	4.51%	0.0827
	2072	66	1,295	1961.0%	0	5	103	1961.0%	1.7300	N/A	0.3333	0.0000	0.667	0.746	4.51%	0.0791
	2073	51	1,020	2004.6%	0	4	77	2004.6%	1.7300	N/A	0.3333	0.0000	0.667	0.770	4.51%	0.0757
	2074	39	796	2027.3%	0	3	58	2027.3%	1.7300	N/A	0.2500	0.0000	0.750	0.772	4.51%	0.0725
	2075-2095	92	1,917	2087.5%	0	6	133	2087.5%	1.7300	N/A	0.3333	0.0000	0.667	N/A	4.51%	0.0693
	Past	9,762,652	835,326	8.6%	3,670	12,783,552	913,809	7.1%								
	Future	10,053,484	23,418,863	232.9%	4,354	6,940,989	11,892,062	171.3%								
	Lifetime	19,816,136	24,254,189	122.4%	8,024	19,724,541	12,805,871	64.9%								

Note:
- There have been no prior inforce rate revisions on these forms.
- The projections are based on the assumptions derived using experience data through 6/30/2014.

MetLife monitors the performance of the business by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. The past experience and future projections based on current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements. Therefore, MetLife files rate increase for this block of business.

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: TIAA-CREF Life Insurance Company - NAIC# 60142

SERFF Tracking Number: META-130630165

Effective Date: upon approval

(Projected) Number of Insureds Affected: 107

New Rates

Average Annual Premium Per Member: 1854

Revised Rates

Average Annual Premium Per Member: 3207

Average Requested Percentage Rate Change Per Member: 73.0%

Minimum Requested Percentage Rate Change Per Member: 73.0%

Maximum Requested Percentage Rate Change Per Member: 73.0%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
TCL-LTC.04(VA) Ed. 4/00	

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.

MetLife®

Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

VIRGINIA
READABILITY COMPLIANCE CERTIFICATION

Title of Form: Limited Coverage Upon Lapse Following Premium Increase Endorsement

Policy Form Number: LCUL.04-TCL

I hereby certify that the Flesch reading ease score of the above policy form is the following:

Policy Form #	Words	Sentences	Syllables	Flesch Score
LCUL.04-TCL	573	38	948	52.0

The type size of the text of the policy form is at least 10 point type.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Thomas Sarnese
Vice President

Date: June 24, 2016

VACERTREAD

Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002

MetLife®

Mark D. Newton, FSA, MAAA
Actuarial Director

September 7, 2017

Mr. Toni Janoski
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated March 28, 2017
SERFF/STATE Tracking #: META-130630165
Company Tracking **#:** CT14-75 (TC LIFE-RATE) (RESUB1) RW

Dear Mr. Janoski:

Thank you for your response. Here are the answers to your objections dated March 28, 2017 & June 29, 2017:

1. There are no rates filed for approval under the rate/rule schedule. Please amend.
   The rates have been included in the rate/rule schedule.

2. This rate increase is being requested on form TCL-LTC.04 (VA). Please remove reference to any other forms from the actuarial memorandum.
   Please see the revised actuarial memorandum.

3. Please amend this document to include the correct SERFF filing number.
   The Long Term Care Insurance Rate Request Summary has been updated.

4. Please provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.
   Please see Attachment 4. As most of this business was assumed, detailed assumptions for claim terminations and incidence rates used for pricing are not available, so the A/E on original pricing basis cannot be reproduced.

5. Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to current.
   The table below indicates the effect on rates by key assumption compared against original pricing.

Mortality	0.0%
Lapse	11.9%
Interest	20.0%
Morbidity	41.2%
Total	73.1%

6. Please provide sufficient detail so that all projections can be recreated. Please provide a copy of all projections in excel with working formulas.
   Projections are calculated using the actuarial software MG·Triton ("Triton") developed by Milliman to develop the premium and claim projections in Exhibit I of our rate filing. Triton projects policies on a seriatim basis. Capturing the details of the projections in Exhibit I in an Excel spreadsheet is not possible.

7. Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.
   Please see Attachment 7 for the summary of rate action requested on the subject policy forms nationwide. Note that our rate increase request is uniform for all states and is based on the nationwide experience because the benefits, underwriting, demographics and premiums are largely homogeneous across the entire block of business.

8. Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency, and premium scale, but uses the actual distribution of policies issued rather than the originally assumed mix of business.
   Please see Attachment 2. The projections are reproduced based on expected pricing cash flow pattern as the detailed morbidity assumptions are not available. However, the results will not be materially different.

9. Please provide the Nationwide Projections with the increase on form LTC.04 only, both for pre and post.
   Please see Exhibit I(a) and I(b) in the attached revised actuarial memorandum.

Responses to objections dated June 29, 2017:
Objection 1
- Certification of Compliance (Supporting Document)
Comments: The certification of compliance attached to the filing is applicable to South Carolina. Please provide us with the certification of compliance required by 14 VAC 5-100-40 3.
The Certification of Compliance has been updated appropriately.

Objection 2
- LCUL.04-TCL, LCUL.04-TCL (Form)
Comments: The Filing Description states LCUL.04-TCL LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT. Endorsement to be issued to TCL-LTC.04 policyholders whose policies lapsed during the Election Period and whose policies do not include the Nonforfeiture Benefit Option Rider (Shortened Benefit Period). The Filing Description also states  In all other cases, we will automatically issue the policyholder LCUL. Note that if the policyholder qualifies for coverage under Contingent Benefit Upon Lapse, we will instead provide coverage under LCUL since the benefit payable under LCUL is equal to the benefit payable under Contingent Benefit Upon Lapse. Please provide us with a copy of the policy or rider form that describes the contingent benefit upon lapse.
The Contingent Benefit Upon Lapse Rider has been included, per your request. However, as previously stated, this rider will not be issued. The LCUL Rider filed for your review will be issued as there is no age restriction, making it more beneficial to the insured as opposed to the more conservative CBUL.

Objection 3
- LCUL.04-TCL, LCUL.04-TCL (Form)
Comments: The form contains variable text. While the variable fields are self-explanatory, we require a statement of variability that identifies each variable field appearing in the form and describe specifically how that field might vary from the text as presented.
A statement of variability has been included.

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Attachment 2
Metropolitan Life Insurance Company
Nationwide Experience Projections With No Future Increase
Policy Forms: LTC.04

	Reproduced Expected Pricing Experience Based on Actual Sales		
Policy Duration	Earned Premium	Incurred Claims	Loss Ratio
1	5,968,303	244,996	4.1%
2	5,675,910	359,267	6.3%
3	5,401,261	495,768	9.2%
4	5,142,325	633,317	12.3%
5	4,890,821	794,694	16.2%
6	4,645,522	958,085	20.6%
7	4,403,589	1,221,933	27.7%
8	4,162,449	1,492,889	35.9%
9	3,922,876	1,837,586	46.8%
10	3,683,492	2,151,223	58.4%
11	3,445,673	2,446,045	71.0%
12	3,208,205	2,723,872	84.9%
13	2,971,609	2,961,877	99.7%
14	2,739,204	3,261,492	119.1%
15	2,510,711	3,446,816	137.3%
16	2,310,216	3,625,708	156.9%
17	2,110,610	3,929,768	186.2%
18	1,911,041	4,150,583	217.2%
19	1,718,431	4,390,971	255.5%
20	1,534,006	4,487,591	292.5%
21	1,359,649	4,601,088	338.4%
22	1,193,238	4,731,640	396.5%
23	1,037,621	4,651,596	448.3%
24	900,781	4,444,125	493.4%
25	777,966	4,404,420	566.1%
26	667,731	4,472,795	669.8%
27	564,797	4,366,399	773.1%
28	474,490	4,006,870	844.5%
29	399,616	3,453,209	864.1%
30	336,097	3,273,959	974.1%
31	279,601	3,213,011	1149.1%
32	230,282	2,976,807	1292.7%
33	191,989	2,373,530	1236.3%
34	162,545	2,060,794	1267.8%
35	136,311	1,962,550	1439.8%
36	111,262	2,020,460	1815.9%
37	87,410	2,043,146	2337.4%
38	66,600	1,848,994	2776.3%
39	50,846	1,520,159	2989.7%
40	41,308	1,234,980	2989.7%
41	36,509	1,091,502	2989.7%
42	33,240	993,794	2989.7%
43	30,201	902,917	2989.7%
44	27,116	810,699	2989.7%
45	23,947	715,931	2989.7%
46	20,764	620,769	2989.7%
47	17,646	527,572	2989.7%
48	14,744	440,816	2989.7%
49	12,206	364,923	2989.7%
50	10,228	305,797	2989.7%
51	8,847	264,510	2989.7%
52	7,704	230,317	2989.7%
53	6,653	198,896	2989.7%
54	5,594	167,241	2989.7%
55	4,514	134,948	2989.7%
56	3,444	102,967	2989.7%
57	2,419	72,322	2989.7%
58	1,491	44,584	2989.7%
59	730	21,814	2989.7%
60	247	7,371	2989.7%
Lifetime	81,694,638	117,294,701	144%
Lifetime*	49,599,038	35,714,486	72%

* Discounted at 5.75%

Attachment 4
Metropolitan Life Insurance Company
Actual-to-Expected Lapse and Mortality Experience
TIAA Experience

Lapse (TIAA)					
Policy Duration	Actual[1]	Current Expected	Current A/E%	Pricing Expected	Pricing A/E%
6+	2,553	2,628	97%	10,017	25%
7+	2,220	2,322	96%	8,676	26%
8+	1,912	2,021	95%	7,418	26%
9+	1,651	1,726	96%	6,243	26%
10+	1,408	1,443	98%	5,137	27%
11+	1,186	1,174	101%	4,121	29%
12+	944	918	103%	3,154	30%
13+	749	685	109%	2,274	33%
14+	573	488	117%	1,530	37%
Total	13,196	13,405	98%	48,569	27%

Mortality (TIAA)					
Policy Duration	Actual[1]	Current Expected	Current A/E%	Pricing Expected	Pricing A/E%
6+	8,301	9,621	86%	15,112	55%
7+	7,858	8,972	88%	14,080	56%
8+	7,344	8,274	89%	12,969	57%
9+	6,794	7,524	90%	11,776	58%
10+	6,134	6,721	91%	10,500	58%
11+	5,445	5,865	93%	9,142	60%
12+	4,719	4,958	95%	7,706	61%
13+	3,956	4,011	99%	6,213	64%
14+	3,162	3,076	103%	4,745	67%
Total	53,713	59,024	91%	92,242	58%

[1] Actual experience are based on data through June 30, 2015.

Attachment 4
Metropolitan Life Insurance Company
Actual-to-Expected Incidence Experience
TIAA Experience

	Female					
	Facility Care			Home Care		
Calendar Year	Actual Claims[1]	Expected Claims[2]	A/E%	Actual Claims[1]	Expected Claims[2]	A/E%
2005	130	93	141%	88	75	117%
2006	108	108	100%	71	87	82%
2007	114	121	94%	92	97	95%
2008	160	135	118%	105	107	98%
2009	152	150	101%	113	118	96%
2010	165	165	100%	117	128	91%
2011	158	180	88%	124	138	90%
2012	207	195	106%	167	149	112%
2013	218	207	105%	188	160	118%
2014	222	219	101%	176	168	105%
Total	1,634	1,573	104%	1,241	1,227	101%

	Male					
	Facility Care			Home Care		
Calendar Year	Actual Claims[1]	Expected Claims[2]	A/E%	Actual Claims[1]	Expected Claims[2]	A/E%
2005	76	68	112%	65	63	104%
2006	72	78	92%	66	72	92%
2007	87	87	100%	79	80	99%
2008	99	95	104%	83	88	95%
2009	108	104	104%	101	96	105%
2010	114	113	100%	99	105	95%
2011	148	122	122%	119	113	105%
2012	112	131	85%	124	122	102%
2013	143	137	105%	151	129	117%
2014	150	140	107%	140	133	105%
Total	1,109	1,075	103%	1,027	1,000	103%

[1] Actual experience are based on data through June 30, 2015 including adjustments for incurred but not reported claims.
[2] The expected claims are based on current best estimate assumptions.

Attachment 4
Metropolitan Life Insurance Company
Actual-to-Expected Claim Terminations Experience

Claim Terminations						
Calendar Year	Actual Deaths[1]	Expected Deaths[2]	A/E% Deaths	Actual Recoveries[1]	Expected Recoveries[2]	A/E% Recoveries
2005	619	595	104%	128	123	104%
2006	771	748	103%	173	151	114%
2007	895	893	100%	143	175	82%
2008	1,069	1,068	100%	173	208	83%
2009	1,251	1,265	99%	163	239	68%
2010	1,430	1,453	98%	226	264	85%
2011	1,621	1,631	99%	210	286	74%
2012	1,728	1,835	94%	209	313	67%
2013	2,015	2,067	97%	268	345	78%
2014	2,222	2,228	100%	358	368	97%
2015	1,162	1,346	86%	300	214	140%
Total	14,783	15,129	98%	2,351	2,686	88%

[1] Actual experience are based on data through June 30, 2015.
[2] Expected terminations are based on current best-estimate assumptions.

Attachment 7
Metropolitan Life Insurance Company
Rate Filing Status
Policy Forms: LTC.04

State	1st Increase Request	Approved %	2nd Increase Request	Approved %	Cumulative Increase as of 8/16/2017
Alabama	41%	41%	22.69%	22.69%	72.99%
Alaska	41%	41%	73.00%	21.00%	70.61%
Arizona	41%	41%	22.69%	22.69%	72.99%
Arkansas	41%	21%	Not yet filed		21.00%
California	41%	0%	73.00%	20.00%	20.00%
Connecticut	41%	41%	22.69%	22.69%	72.99%
Delaware	41%	14.9%	50.56%	25.00%	43.63%
District of Columbia	41%	15%	50.43%	41.20%	62.38%
Florida	41%	Varies by age	54.72%	Varies by age	72.99%
Georgia	41%	20%	44.16%	12.00%	34.40%
Hawaii	41%	0%	73.00%	Pending	
Idaho	41%	25%	38.40%	12.00%	40.00%
Illinois	41%	41%	22.69%	22.69%	72.99%
Indiana	41%	15%	56.82%	Pending	
Iowa	41%	18%	46.61%	17.50%	38.65%
Kansas	41%	20%	Not yet filed		20.00%
Kentucky	41%	41%	22.69%	6.80%	50.59%
Louisiana	41%	0%	Not yet filed		
Maine	41%	41%	22.71%	22.71%	73.02%
Maryland	41%	15%	15.00%	15.00%	32.25%
Massachusetts	41%	0%	Not yet filed		
Michigan	41%	41%	22.69%	22.69%	72.99%
Minnesota	41%	0%	73.00%	45.00%	45.00%
Mississippi	41%	25%	38.40%	25.00%	56.25%
Missouri	41%	41%	22.69%	22.69%	72.99%
Montana	41%	41%	22.69%	6.85%	50.66%
Nebraska	41%	18%	46.61%	20.00%	41.60%
Nevada	41%	25%	38.40%	38.40%	73.00%
New Hampshire	41%	0%	73.00%	0.00%	0.00%
New Jersey	41%	20.5%	43.56%	43.56%	72.99%
New Mexico	41%	0%	73.00%	0.00%	0.00%
New York	41%	8%	50.43%	Pending	
North Carolina	41%	41%	22.69%	22.69%	72.99%
Ohio	41%	41%	23.21%	15.00%	62.15%
Oklahoma	41%	25%	38.40%	25.00%	56.25%
Oregon	41%	15%	50.43%	10.00%	26.50%
Pennsylvania	41%	29.5%	33.58%	33.58%	72.99%
Rhode Island	41%	0%	73.00%	Pending	
South Carolina	41%	20%	44.16%	20.00%	44.00%
South Dakota	41%	41%	22.69%	22.69%	72.99%
Tennessee	41%	41%	22.69%	22.69%	72.99%
Texas	41%	0%	73.00%	73.00%	73.00%
Utah	41%	41%	22.69%	0.00%	41.00%
Vermont	Not yet filed		Not yet filed		
Virginia	41%	0%	73.00%	Pending	
Washington	41%	41%	22.69%	22.69%	72.99%
West Virginia	41%	15%	50.43%	50.43%	72.99%
Wisconsin	41%	41%	22.69%	22.69%	72.99%
Wyoming	41%	41%	22.69%	22.69%	72.99%

TIAA-CREF Life Insurance Company ("T-C Life")
NAIC Company No. is 60142

STATEMENT OF VARIABILITY

LIMITED COVERAGE UPON LAPSE FOLLOWING PREMIUM INCREASE ENDORSEMENT

- Page 2, Vice President Name – will be updated as needed.
- Page 2, Endorsement Effective Date - will be customized for each insured based on lapse date

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Tel: 860-768-0331
Email: mark.newton@metlife.com

Mark D. Newton, FSA, MAAA

September 25, 2018

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re: TIAA-CREF Life Insurance Company ("T-C Life")
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
T-C Life NAIC Company No. is 60142
T-C Life FEIN is 13-3917848

Dear Mr. Dismore:

The answers to your questions from your response dated October 4, 2017 are as follows:

1. *Please describe how the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration in setting the assumptions.*
   [MetLife Response]: In general, the best-estimate for each assumption was determined based on the actual experience of this block of business. For certain items wherein experience on this block alone was not deemed fully credible, past experience was supplemented with the experience on other similar blocks, consistent with ASOP Standards of Practice.

   Policy design, underwriting, and claims adjudication practices are inherently part of the experience analysis when using the experience of this block directly to set future assumptions. When experience on this block was not deemed fully credible and the experience on other blocks was considered, any differences in design, underwriting, and adjudication are directly relevant and considered as part of the assumption recommendation. As an example, when developing the extreme old-age "tail" of the incidence rate tables, older blocks were used to extend the incidence rates available directly from experience on this block.

2. *Please provide updated projections as of 12/31/2016 or later.*
   [MetLife Response]: Please see updated Exhibit I/II (a) and Exhibit I/II (b) reflecting actual experience through 12/31/2016. Please note that the assumptions used in the projections have also been updated to reflect the most recent experience study.

3. *In Attachment 4 for Lapse A/E, the table shows for duration 14+ an expected lapse of 1530 vs. current expected of 488. This would imply that the average original anticipated lapse rate was equal to 0.7% x 1.530/488 = 2.19%. However, the original ultimate lapse rate in the table supplied varied from 0.0% to 2.0%, making this seem like an unreasonable result. Please explain and update this exhibit as necessary.*
   [MetLife Response]: The information provided in our filing is only a representation of the overall pricing ultimate lapse rates. The actual assumptions were more granular than the illustration. Please see Attachment 4B for the derivation of the ultimate expected lapse rates based on pricing assumptions.

4. *Please provide the active life reserve balance as of the valuation date for each subset of business for which a projection is provided.*
   [MetLife Response]: The table below shows the active life reserve for each subset of business as of 12/31/2016:

	Active Life Reserve (12/31/2016)
LTC02	$168,309,730
LTC03	$387,464,364
LTC04	$227,791,921
Total	$783,566,015

5. *Even though the Company's response to previous Question 8 indicates that the number of insureds had been updated to match, but we still see 167 listed in the Rate Information tab and a total of 274 in the Actuarial Memorandum. Please explain.*
   [MetLife Response]: Please see below table for the number of premium-paying policies inforce and premiums as of September 30, 2017 for policy form TCL-LTC.04 (VA) Ed. 4/00:

	Issued Before Rate Stability Regulation Effective Date		**Issued On or After Rate Stability Regulation Effective Date**	
	Number of Insured	**9/30/2017 Annualized Premium**	**Number of Insured**	**9/30/2017 Annualized Premium**
MET04 (Assumed)	130	$207,875	31	$61,495
TC-Life (Indemnity	73	$139,261	32	$57,005
Virginia	203	$347,136	63	$118,500

6. *Please add the corresponding annualized premium by state to Attachment 7.*
   [MetLife Response]: Please see Revised Attachment 7.

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Exhibit I(a) - UPDATED
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections With No Increase
Policy Forms: LTC.04
Policies Issued Before October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1991	-	-	N/A	-	-	-	N/A							4.50%	3.0723
	1992	-	-	N/A	-	-	-	N/A							4.50%	2.9400
	1993	-	-	N/A	-	-	-	N/A							4.50%	2.8134
	1994	-	-	N/A	-	-	-	N/A							4.50%	2.6923
	1995	-	-	N/A	-	-	-	N/A							4.50%	2.5763
	1996	-	-	N/A	-	-	-	N/A							4.50%	2.4654
	1997	-	-	N/A	-	-	-	N/A							4.50%	2.3592
	1998	-	-	N/A	-	-	-	N/A							4.50%	2.2576
	1999	-	-	N/A	-	-	-	N/A							4.50%	2.1604
	2000	233,061	26,674	11.4%	803	481,824	55,145	11.4%							4.50%	2.0674
	2001	3,937,408	227,033	5.8%	4,094	7,789,561	449,150	5.8%							4.50%	1.9783
	2002	8,736,072	918,684	10.5%	7,264	16,538,740	1,739,211	10.5%							4.50%	1.8932
	2003	13,786,914	902,970	6.5%	10,197	24,976,811	1,635,849	6.5%							4.50%	1.8116
	2004	15,776,753	1,027,221	6.5%	9,979	27,350,878	1,780,809	6.5%							4.50%	1.7336
	2005	15,653,422	2,968,756	19.0%	9,819	25,968,487	4,925,064	19.0%							4.50%	1.6590
	2006	15,616,883	2,616,121	16.8%	9,702	24,792,220	4,153,163	16.8%							4.50%	1.5875
	2007	15,660,703	5,350,195	34.2%	9,587	23,791,182	8,127,826	34.2%							4.50%	1.5192
	2008	15,707,469	5,083,463	32.4%	9,484	22,834,667	7,390,062	32.4%							4.50%	1.4537
	2009	15,676,691	5,215,467	33.3%	9,392	21,808,539	7,255,468	33.3%							4.50%	1.3911
	2010	15,652,842	8,213,370	52.5%	9,268	20,837,667	10,933,955	52.5%							4.50%	1.3312
	2011	15,415,119	6,639,119	43.1%	9,150	19,637,512	8,457,657	43.1%							4.50%	1.2739
	2012	15,204,120	9,504,649	62.5%	8,981	18,534,659	11,586,690	62.5%							4.50%	1.2191
	2013	14,751,223	8,594,967	58.3%	8,893	17,208,184	10,026,544	58.3%							4.50%	1.1666
	2014	14,416,044	11,467,825	79.5%	8,723	16,092,993	12,801,822	79.5%							4.50%	1.1163
	2015	14,148,531	13,665,375	96.6%	8,555	15,114,222	14,598,089	96.6%							4.50%	1.0683
	2016	13,528,446	16,536,134	122.2%	8,366	13,829,487	16,904,103	122.2%							4.50%	1.0223
Projected Future Experience	2017	13,067,045	16,670,815	127.6%	8,056	12,782,601	16,307,924	127.6%	1.0000	N/A	0.0371	N/A	0.963	0.966	4.50%	0.9782
	2018	12,359,024	18,272,697	147.8%	7,737	11,569,371	17,105,202	147.8%	1.0000	N/A	0.0396	N/A	0.960	0.946	4.50%	0.9361
	2019	11,660,911	19,910,570	170.7%	7,410	10,445,801	17,835,815	170.7%	1.0000	N/A	0.0422	N/A	0.958	0.944	4.50%	0.8958
	2020	10,963,229	21,547,256	196.5%	7,076	9,397,914	18,470,768	196.5%	1.0000	N/A	0.0451	N/A	0.955	0.940	4.50%	0.8572
	2021	10,265,467	23,158,448	225.6%	6,736	8,420,840	18,997,049	225.6%	1.0000	N/A	0.0481	N/A	0.952	0.936	4.50%	0.8203
	2022	9,571,562	24,723,121	258.3%	6,391	7,513,516	19,407,236	258.3%	1.0000	N/A	0.0512	N/A	0.949	0.932	4.50%	0.7850
	2023	8,888,561	26,193,898	294.7%	6,043	6,676,911	19,676,337	294.7%	1.0000	N/A	0.0545	N/A	0.945	0.929	4.50%	0.7512
	2024	8,208,318	27,538,505	335.5%	5,692	5,900,408	19,795,578	335.5%	1.0000	N/A	0.0580	N/A	0.942	0.923	4.50%	0.7188
	2025	7,540,968	28,724,292	380.9%	5,342	5,187,267	19,758,814	380.9%	1.0000	N/A	0.0616	N/A	0.938	0.919	4.50%	0.6879
	2026	6,891,748	29,688,640	430.8%	4,993	4,536,539	19,542,744	430.8%	1.0000	N/A	0.0654	N/A	0.935	0.914	4.50%	0.6583
	2027	6,264,365	30,409,485	485.4%	4,647	3,945,990	19,155,258	485.4%	1.0000	N/A	0.0693	N/A	0.931	0.909	4.50%	0.6299
	2028	5,662,673	30,883,829	545.4%	4,306	3,413,376	18,616,319	545.4%	1.0000	N/A	0.0733	N/A	0.927	0.904	4.50%	0.6028
	2029	5,089,186	31,095,266	611.0%	3,972	2,935,585	17,936,622	611.0%	1.0000	N/A	0.0775	N/A	0.922	0.899	4.50%	0.5768
	2030	4,547,607	31,041,573	682.6%	3,647	2,510,227	17,134,593	682.6%	1.0000	N/A	0.0819	N/A	0.918	0.894	4.50%	0.5520
	2031	4,038,950	30,689,261	759.8%	3,332	2,133,449	16,210,642	759.8%	1.0000	N/A	0.0863	N/A	0.914	0.888	4.50%	0.5282
	2032	3,565,144	30,052,177	842.9%	3,029	1,802,082	15,190,548	842.9%	1.0000	N/A	0.0910	N/A	0.909	0.883	4.50%	0.5055
	2033	3,127,473	29,150,252	932.1%	2,740	1,512,776	14,100,143	932.1%	1.0000	N/A	0.0956	N/A	0.904	0.877	4.50%	0.4837
	2034	2,725,526	28,016,262	1027.9%	2,465	1,261,581	12,968,063	1027.9%	1.0000	N/A	0.1004	N/A	0.900	0.871	4.50%	0.4629
	2035	2,359,689	26,683,733	1130.8%	2,205	1,045,210	11,819,394	1130.8%	1.0000	N/A	0.1052	N/A	0.895	0.866	4.50%	0.4429
	2036	2,029,331	25,174,914	1240.6%	1,962	860,172	10,670,882	1240.6%	1.0000	N/A	0.1102	N/A	0.890	0.860	4.50%	0.4239
	2037	1,733,465	23,524,217	1357.1%	1,736	703,123	9,541,820	1357.1%	1.0000	N/A	0.1153	N/A	0.885	0.854	4.50%	0.4056
	2038	1,470,600	21,783,839	1481.3%	1,527	570,813	8,455,400	1481.3%	1.0000	N/A	0.1203	N/A	0.880	0.848	4.50%	0.3882
	2039	1,238,962	19,973,961	1612.2%	1,335	460,195	7,419,039	1612.2%	1.0000	N/A	0.1255	N/A	0.875	0.842	4.50%	0.3714
	2040	1,036,570	18,147,338	1750.7%	1,161	368,439	6,450,303	1750.7%	1.0000	N/A	0.1305	N/A	0.869	0.837	4.50%	0.3554
	2041	861,102	16,336,713	1897.2%	1,003	292,891	5,556,682	1897.2%	1.0000	N/A	0.1358	N/A	0.864	0.831	4.50%	0.3401
	2042	710,102	14,573,404	2052.3%	862	231,129	4,743,464	2052.3%	1.0000	N/A	0.1410	N/A	0.859	0.825	4.50%	0.3255
	2043	581,508	12,880,593	2215.0%	736	181,123	4,011,937	2215.0%	1.0000	N/A	0.1462	N/A	0.854	0.819	4.50%	0.3115
	2044	472,821	11,280,489	2385.8%	625	140,929	3,362,250	2385.8%	1.0000	N/A	0.1510	N/A	0.849	0.813	4.50%	0.2981
	2045	381,681	9,791,241	2565.3%	527	108,864	2,792,695	2565.3%	1.0000	N/A	0.1566	N/A	0.843	0.807	4.50%	0.2852
	2046	305,775	8,421,533	2754.2%	442	83,459	2,298,585	2754.2%	1.0000	N/A	0.1615	N/A	0.838	0.801	4.50%	0.2729
	2047	243,114	7,177,093	2952.1%	368	63,499	1,874,570	2952.1%	1.0000	N/A	0.1667	N/A	0.833	0.795	4.50%	0.2612
	2048	192,009	6,065,003	3158.7%	305	47,991	1,515,891	3158.7%	1.0000	N/A	0.1721	N/A	0.828	0.790	4.50%	0.2499
	2049	150,494	5,075,747	3372.7%	251	35,995	1,214,005	3372.7%	1.0000	N/A	0.1764	N/A	0.824	0.784	4.50%	0.2392
	2050	117,200	4,205,545	3588.4%	205	26,824	962,557	3588.4%	1.0000	N/A	0.1822	N/A	0.818	0.779	4.50%	0.2289
	2051	90,687	3,452,701	3807.3%	167	19,863	756,218	3807.3%	1.0000	N/A	0.1862	N/A	0.814	0.774	4.50%	0.2190
	2052	69,744	2,808,732	4027.2%	135	14,618	588,684	4027.2%	1.0000	N/A	0.1922	N/A	0.808	0.769	4.50%	0.2096
	2053	53,296	2,263,052	4246.2%	108	10,689	453,889	4246.2%	1.0000	N/A	0.1978	N/A	0.802	0.764	4.50%	0.2006
	2054	40,488	1,806,548	4462.0%	87	7,771	346,728	4462.0%	1.0000	N/A	0.1999	N/A	0.800	0.760	4.50%	0.1919
	2055	30,590	1,429,437	4672.9%	69	5,618	262,535	4672.9%	1.0000	N/A	0.2041	N/A	0.796	0.756	4.50%	0.1837
	2056	22,989	1,118,992	4867.4%	55	4,040	196,668	4867.4%	1.0000	N/A	0.2093	N/A	0.791	0.752	4.50%	0.1758
	2057	17,198	871,488	5067.5%	43	2,892	146,572	5067.5%	1.0000	N/A	0.2114	N/A	0.789	0.748	4.50%	0.1682
	2058	12,809	673,900	5261.1%	34	2,062	108,460	5261.1%	1.0000	N/A	0.2172	N/A	0.783	0.745	4.50%	0.1609
	2059	9,505	518,378	5453.7%	26	1,464	79,837	5453.7%	1.0000	N/A	0.2190	N/A	0.781	0.742	4.50%	0.1540
	2060	7,031	396,304	5636.7%	20	1,036	58,408	5636.7%	1.0000	N/A	0.2217	N/A	0.778	0.740	4.50%	0.1474
	2061	5,181	300,957	5809.0%	16	731	42,445	5809.0%	1.0000	N/A	0.2208	N/A	0.779	0.737	4.50%	0.1410
	2062	3,808	226,518	5948.4%	12	514	30,571	5948.4%	1.0000	N/A	0.2277	N/A	0.772	0.735	4.50%	0.1350
	2063	2,796	169,443	6060.3%	10	361	21,883	6060.3%	1.0000	N/A	0.2209	N/A	0.779	0.734	4.50%	0.1291
	2064	2,051	126,059	6145.8%	7	253	15,579	6145.8%	1.0000	N/A	0.2283	N/A	0.772	0.734	4.50%	0.1236
	2065	1,510	92,608	6134.8%	6	179	10,952	6134.8%	1.0000	N/A	0.2305	N/A	0.769	0.736	4.50%	0.1183
	2066	1,114	68,019	6103.7%	4	126	7,698	6103.7%	1.0000	N/A	0.2273	N/A	0.773	0.738	4.50%	0.1132
	2067	825	49,101	5949.3%	3	89	5,318	5949.3%	1.0000	N/A	0.2228	N/A	0.777	0.741	4.50%	0.1083
	2068	613	36,200	5904.5%	3	64	3,752	5904.5%	1.0000	N/A	0.2316	N/A	0.768	0.743	4.50%	0.1036
	2069	459	26,116	5694.5%	2	45	2,590	5694.5%	1.0000	N/A	0.2074	N/A	0.793	0.748	4.50%	0.0992
	2070	347	19,100	5506.0%	2	33	1,813	5506.0%	1.0000	N/A	0.2366	N/A	0.763	0.756	4.50%	0.0949
	2071	263	14,550	5539.3%	1	24	1,321	5539.3%	1.0000	N/A	0.2168	N/A	0.783	0.757	4.50%	0.0908
	2072	200	10,856	5438.5%	1	17	943	5438.5%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0869
	2073	152	8,534	5604.4%	1	13	710	5604.4%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0832
	2074	117	6,576	5639.3%	1	9	523	5639.3%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0796
	2075	89	5,179	5804.6%	1	7	394	5804.6%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0762
	2076	95	4,014	4215.8%	0	7	293	4215.8%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0729
	2077-2097	174	11,946	6847.2%	0	12	833	6847.2%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0697
	Past	223,901,703	98,958,023	44.2%	142,258	317,587,632	122,820,605	38.7%								
	Future	148,696,310	725,377,015	487.8%	109,679	107,239,427	404,044,748	376.8%								
	Lifetime	372,598,012	824,335,038	221.2%	251,937	424,827,060	526,865,352	124.0%								

Note:
- There have been no prior inforce rate revisions on these forms.
- The projections are based on the assumptions derived using experience data through 6/30/2016.

Exhibit I(a) - UPDATED
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections With 73% Future Increase
Policy Forms: LTC.04
Policies Issued Before October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
	1991	-	-	N/A	-	-	-	N/A							4.50%	3.0723
	1992	-	-	N/A	-	-	-	N/A							4.50%	2.9400
	1993	-	-	N/A	-	-	-	N/A							4.50%	2.8134
	1994	-	-	N/A	-	-	-	N/A							4.50%	2.6923
	1995	-	-	N/A	-	-	-	N/A							4.50%	2.5763
	1996	-	-	N/A	-	-	-	N/A							4.50%	2.4654
	1997	-	-	N/A	-	-	-	N/A							4.50%	2.3592
	1998	-	-	N/A	-	-	-	N/A							4.50%	2.2576
	1999	-	-	N/A	-	-	-	N/A							4.50%	2.1604
	2000	233,061	26,674	11.4%	803	481,824	55,145	11.4%							4.50%	2.0674
	2001	3,937,408	227,033	5.8%	4,094	7,789,561	449,150	5.8%							4.50%	1.9783
	2002	8,736,072	918,684	10.5%	7,264	16,538,740	1,739,211	10.5%							4.50%	1.8932
Historical	2003	13,786,914	902,970	6.5%	10,197	24,976,811	1,635,849	6.5%							4.50%	1.8116
Experience	2004	15,776,753	1,027,221	6.5%	9,979	27,350,878	1,780,809	6.5%							4.50%	1.7336
	2005	15,653,422	2,968,756	19.0%	9,819	25,968,487	4,925,064	19.0%							4.50%	1.6590
	2006	15,616,883	2,616,121	16.8%	9,702	24,792,220	4,153,163	16.8%							4.50%	1.5875
	2007	15,660,703	5,350,195	34.2%	9,587	23,791,182	8,127,826	34.2%							4.50%	1.5192
	2008	15,707,469	5,083,463	32.4%	9,484	22,834,667	7,390,062	32.4%							4.50%	1.4537
	2009	15,676,691	5,215,467	33.3%	9,392	21,808,539	7,255,468	33.3%							4.50%	1.3911
	2010	15,652,842	8,213,370	52.5%	9,268	20,837,667	10,933,955	52.5%							4.50%	1.3312
	2011	15,415,119	6,639,119	43.1%	9,150	19,637,512	8,457,657	43.1%							4.50%	1.2739
	2012	15,204,120	9,504,649	62.5%	8,981	18,534,659	11,586,690	62.5%							4.50%	1.2191
	2013	14,751,223	8,594,967	58.3%	8,893	17,208,184	10,026,544	58.3%							4.50%	1.1666
	2014	14,416,044	11,467,825	79.5%	8,723	16,092,993	12,801,822	79.5%							4.50%	1.1163
	2015	14,148,531	13,665,375	96.6%	8,555	15,114,222	14,598,089	96.6%							4.50%	1.0683
	2016	13,528,446	16,536,134	122.2%	8,366	13,829,487	16,904,103	122.2%							4.50%	1.0223
Projected	2017	13,067,045	16,670,815	127.6%	8,056	12,782,601	16,307,924	127.6%	1.0000	1.0000	0.0371	1.0000	0.963	0.966	4.50%	0.9782
Future	2018	12,359,024	18,272,697	147.8%	7,737	11,569,371	17,105,202	147.8%	1.0000	1.0000	0.0396	1.0000	0.960	0.946	4.50%	0.9361
Experience	2019	16,210,190	19,835,146	122.4%	7,398	14,521,028	17,768,250	122.4%	1.3954	0.9978	0.0438	0.9984	0.956	0.944	4.50%	0.8958
	2020	18,833,850	21,396,684	113.6%	7,055	16,144,778	18,341,694	113.6%	1.7300	0.9960	0.0464	0.9970	0.954	0.940	4.50%	0.8572
	2021	17,635,157	22,996,617	130.4%	6,716	14,466,252	18,864,298	130.4%	1.7300	0.9960	0.0481	0.9970	0.952	0.936	4.50%	0.8203
	2022	16,443,090	24,550,356	149.3%	6,372	12,907,551	19,271,619	149.3%	1.7300	0.9960	0.0512	0.9970	0.949	0.932	4.50%	0.7850
	2023	15,269,754	26,010,855	170.3%	6,025	11,470,336	19,538,838	170.3%	1.7300	0.9960	0.0545	0.9970	0.945	0.929	4.50%	0.7512
	2024	14,101,159	27,346,066	193.9%	5,675	10,136,374	19,657,246	193.9%	1.7300	0.9960	0.0580	0.9970	0.942	0.923	4.50%	0.7188
	2025	12,954,710	28,523,567	220.2%	5,326	8,911,262	19,620,739	220.2%	1.7300	0.9960	0.0616	0.9970	0.938	0.919	4.50%	0.6879
	2026	11,839,408	29,481,176	249.0%	4,978	7,793,369	19,406,180	249.0%	1.7300	0.9960	0.0654	0.9970	0.935	0.914	4.50%	0.6583
	2027	10,761,619	30,196,983	280.6%	4,633	6,778,859	19,021,401	280.6%	1.7300	0.9960	0.0693	0.9970	0.931	0.909	4.50%	0.6299
	2028	9,727,968	30,668,013	315.3%	4,293	5,863,876	18,486,228	315.3%	1.7300	0.9960	0.0733	0.9970	0.927	0.904	4.50%	0.6028
	2029	8,742,767	30,877,973	353.2%	3,960	5,043,073	17,811,281	353.2%	1.7300	0.9960	0.0775	0.9970	0.922	0.899	4.50%	0.5768
	2030	7,812,382	30,824,654	394.6%	3,636	4,312,346	17,014,857	394.6%	1.7300	0.9960	0.0819	0.9970	0.918	0.894	4.50%	0.5520
	2031	6,938,555	30,474,804	439.2%	3,322	3,665,075	16,097,362	439.2%	1.7300	0.9960	0.0863	0.9970	0.914	0.888	4.50%	0.5282
	2032	6,124,599	29,842,173	487.3%	3,020	3,095,816	15,084,396	487.3%	1.7300	0.9960	0.0910	0.9970	0.909	0.883	4.50%	0.5055
	2033	5,372,719	28,946,550	538.8%	2,731	2,598,815	14,001,611	538.8%	1.7300	0.9960	0.0956	0.9970	0.904	0.877	4.50%	0.4837
	2034	4,682,210	27,820,484	594.2%	2,457	2,167,284	12,877,442	594.2%	1.7300	0.9960	0.1004	0.9970	0.900	0.871	4.50%	0.4629
	2035	4,053,735	26,497,267	653.7%	2,199	1,795,577	11,736,800	653.7%	1.7300	0.9960	0.1052	0.9970	0.895	0.866	4.50%	0.4429
	2036	3,486,209	24,998,992	717.1%	1,956	1,477,698	10,596,314	717.1%	1.7300	0.9960	0.1102	0.9970	0.890	0.860	4.50%	0.4239
	2037	2,977,938	23,359,829	784.4%	1,731	1,207,902	9,475,142	784.4%	1.7300	0.9960	0.1153	0.9970	0.885	0.854	4.50%	0.4056
	2038	2,526,359	21,631,614	856.2%	1,522	980,607	8,396,314	856.2%	1.7300	0.9960	0.1203	0.9970	0.880	0.848	4.50%	0.3882
	2039	2,128,427	19,834,383	931.9%	1,331	790,573	7,367,195	931.9%	1.7300	0.9960	0.1255	0.9970	0.875	0.842	4.50%	0.3714
	2040	1,780,734	18,020,525	1012.0%	1,158	632,945	6,405,228	1012.0%	1.7300	0.9960	0.1305	0.9970	0.869	0.837	4.50%	0.3554
	2041	1,479,297	16,222,552	1096.6%	1,000	503,160	5,517,852	1096.6%	1.7300	0.9960	0.1358	0.9970	0.864	0.831	4.50%	0.3401
	2042	1,219,891	14,471,565	1186.3%	859	397,060	4,710,317	1186.3%	1.7300	0.9960	0.1410	0.9970	0.859	0.825	4.50%	0.3255
	2043	998,979	12,790,583	1280.4%	734	311,153	3,983,902	1280.4%	1.7300	0.9960	0.1462	0.9970	0.854	0.819	4.50%	0.3115
	2044	812,265	11,201,661	1379.1%	623	242,103	3,338,754	1379.1%	1.7300	0.9960	0.1510	0.9970	0.849	0.813	4.50%	0.2981
	2045	655,693	9,722,819	1482.8%	525	187,019	2,773,179	1482.8%	1.7300	0.9960	0.1566	0.9970	0.843	0.807	4.50%	0.2852
	2046	525,294	8,362,683	1592.0%	441	143,374	2,282,523	1592.0%	1.7300	0.9960	0.1615	0.9970	0.838	0.801	4.50%	0.2729
	2047	417,649	7,126,939	1706.4%	367	109,085	1,861,471	1706.4%	1.7300	0.9960	0.1667	0.9970	0.833	0.795	4.50%	0.2612
	2048	329,855	6,022,620	1825.8%	304	82,444	1,505,298	1825.8%	1.7300	0.9960	0.1721	0.9970	0.828	0.790	4.50%	0.2499
	2049	258,535	5,040,278	1949.6%	250	61,836	1,205,522	1949.6%	1.7300	0.9960	0.1764	0.9970	0.824	0.784	4.50%	0.2392
	2050	201,339	4,176,157	2074.2%	205	46,082	955,831	2074.2%	1.7300	0.9960	0.1822	0.9970	0.818	0.779	4.50%	0.2289
	2051	155,793	3,428,574	2200.7%	167	34,122	750,934	2200.7%	1.7300	0.9960	0.1862	0.9970	0.814	0.774	4.50%	0.2190
	2052	119,814	2,789,104	2327.9%	135	25,112	584,570	2327.9%	1.7300	0.9960	0.1922	0.9970	0.808	0.769	4.50%	0.2096
	2053	91,558	2,247,238	2454.4%	108	18,363	450,717	2454.4%	1.7300	0.9960	0.1978	0.9970	0.802	0.764	4.50%	0.2006
	2054	69,554	1,793,924	2579.2%	86	13,349	344,305	2579.2%	1.7300	0.9960	0.1999	0.9970	0.800	0.760	4.50%	0.1919
	2055	52,550	1,419,448	2701.1%	69	9,652	260,701	2701.1%	1.7300	0.9960	0.2041	0.9970	0.796	0.756	4.50%	0.1837
	2056	39,494	1,111,172	2813.6%	54	6,941	195,294	2813.6%	1.7300	0.9960	0.2093	0.9970	0.791	0.752	4.50%	0.1758
	2057	29,544	865,398	2929.2%	43	4,969	145,548	2929.2%	1.7300	0.9960	0.2114	0.9970	0.789	0.748	4.50%	0.1682
	2058	22,005	669,191	3041.1%	34	3,542	107,702	3041.1%	1.7300	0.9960	0.2172	0.9970	0.783	0.745	4.50%	0.1609
	2059	16,329	514,755	3152.5%	26	2,515	79,279	3152.5%	1.7300	0.9960	0.2190	0.9970	0.781	0.742	4.50%	0.1540
	2060	12,078	393,535	3258.2%	20	1,780	58,000	3258.2%	1.7300	0.9960	0.2217	0.9970	0.778	0.740	4.50%	0.1474
	2061	8,900	298,854	3357.8%	16	1,255	42,149	3357.8%	1.7300	0.9960	0.2208	0.9970	0.779	0.737	4.50%	0.1410
	2062	6,542	224,935	3438.4%	12	883	30,358	3438.4%	1.7300	0.9960	0.2277	0.9970	0.772	0.735	4.50%	0.1350
	2063	4,803	168,259	3503.1%	10	620	21,731	3503.1%	1.7300	0.9960	0.2209	0.9970	0.779	0.734	4.50%	0.1291
	2064	3,524	125,178	3552.5%	7	435	15,471	3552.5%	1.7300	0.9960	0.2283	0.9970	0.772	0.734	4.50%	0.1236
	2065	2,593	91,961	3546.2%	6	307	10,876	3546.2%	1.7300	0.9960	0.2305	0.9970	0.769	0.736	4.50%	0.1183
	2066	1,914	67,544	3528.2%	4	217	7,644	3528.2%	1.7300	0.9960	0.2273	0.9970	0.773	0.738	4.50%	0.1132
	2067	1,418	48,757	3438.9%	3	154	5,280	3438.9%	1.7300	0.9960	0.2228	0.9970	0.777	0.741	4.50%	0.1083
	2068	1,053	35,947	3413.0%	3	109	3,725	3413.0%	1.7300	0.9960	0.2316	0.9970	0.768	0.743	4.50%	0.1036
	2069	788	25,933	3291.6%	2	78	2,572	3291.6%	1.7300	0.9960	0.2074	0.9970	0.793	0.748	4.50%	0.0992
	2070	596	18,967	3182.7%	2	57	1,800	3182.7%	1.7300	0.9960	0.2366	0.9970	0.763	0.756	4.50%	0.0949
	2071	451	14,448	3201.9%	1	41	1,312	3201.9%	1.7300	0.9960	0.2168	0.9970	0.783	0.757	4.50%	0.0908
	2072	343	10,780	3143.6%	1	30	937	3143.6%	1.7300	0.9960	0.2200	0.9970	0.780	N/A	4.50%	0.0869
	2073	262	8,474	3239.5%	1	22	705	3239.5%	1.7300	0.9960	0.1918	0.9970	0.808	N/A	4.50%	0.0832
	2074	200	6,530	3259.7%	1	16	520	3259.7%	1.7300	0.9960	0.2145	0.9970	0.786	N/A	4.50%	0.0796
	2075	153	5,142	3355.3%	0	12	392	3355.3%	1.7300	0.9960	0.1874	0.9970	0.813	N/A	4.50%	0.0762
	2076	164	3,986	2436.9%	0	12	290	2436.9%	1.7300	0.9960	0.2059	0.9970	0.794	N/A	4.50%	0.0729
	2077-2097	300	11,862	3957.9%	0	21	827	3957.9%	1.7300	0.9960	0.1899	0.9970	0.810	N/A	4.50%	0.0697
	Past	223,901,703	98,958,023	44.2%	142,258	317,587,632	122,820,605	38.7%								
	Future	233,371,126	720,615,977	308.8%	109,408	163,321,297	401,511,846	245.8%								
	Lifetime	457,272,829	819,574,000	179.2%	251,666	480,908,929	524,332,451	109.0%								

Note:
- The implementation of the current requested 73% increase is assumed to begin in January 2019.
- The projections are based on the assumptions derived using experience data through 6/30/2016.

Exhibit II(a) - UPDATED
Demonstration that Lifetime Incurred Claims with Requested Increase are
Not Less than Lifetime Earned Premium with Prescribed Factors
Policy Forms: LTC.04
Policies Issued Before October 1, 2003

1 Accumulated value of initial earned premium	317,587,632	x	58%	=	184,200,827
2a Accumulated value of earned premium	317,587,632				
2b Accumulated value of prior premium rate schedule increases (2a-1)	0	x	85%	=	0
3 Present value of future projected initial earned premium	107,239,425	x	58%	=	62,198,867
4a Present value of future projected premium	163,321,297				
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	56,081,872	x	85%	=	47,669,591
5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b					**294,069,284**
6a Accumulated value of incurred claims without the inclusion of active life reserves					122,820,605
6b Present value of future projected incurred claims without the inclusion of active life reserves					401,511,846
7 Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b					**524,332,451**
8 Test: 7 is not less than 5					TRUE

Exhibit I(b) - UPDATED
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections With No Increase
Policy Forms: LTC.04
Policies Issued On or After October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
	1991	-	-	N/A	-	-	-	N/A							4.50%	3.0723
	1992	-	-	N/A	-	-	-	N/A							4.50%	2.9400
	1993	-	-	N/A	-	-	-	N/A							4.50%	2.8134
	1994	-	-	N/A	-	-	-	N/A							4.50%	2.6923
	1995	-	-	N/A	-	-	-	N/A							4.50%	2.5763
	1996	-	-	N/A	-	-	-	N/A							4.50%	2.4654
	1997	-	-	N/A	-	-	-	N/A							4.50%	2.3592
	1998	-	-	N/A	-	-	-	N/A							4.50%	2.2576
	1999	-	-	N/A	-	-	-	N/A							4.50%	2.1604
	2000	-	-	N/A	-	-	-	N/A							4.50%	2.0674
	2001	-	-	N/A	-	-	-	N/A							4.50%	1.9783
	2002	-	-	N/A	-	-	-	N/A							4.50%	1.8932
Historical	2003	841,628	497	0.1%	975	1,524,720	901	0.1%							4.50%	1.8116
Experience	2004	2,535,688	4,952	0.2%	1,594	4,395,916	8,585	0.2%							4.50%	1.7336
	2005	2,584,607	200,239	7.7%	1,566	4,287,774	332,189	7.7%							4.50%	1.6590
	2006	2,586,530	2,030	0.1%	1,551	4,106,185	3,223	0.1%							4.50%	1.5875
	2007	2,598,004	372,416	14.3%	1,528	3,946,794	565,761	14.3%							4.50%	1.5192
	2008	2,593,879	558,042	21.5%	1,503	3,770,840	811,251	21.5%							4.50%	1.4537
	2009	2,599,298	261,030	10.0%	1,495	3,615,998	363,131	10.0%							4.50%	1.3911
	2010	2,603,143	863,932	33.2%	1,479	3,465,405	1,150,100	33.2%							4.50%	1.3312
	2011	2,589,951	681,594	26.3%	1,468	3,299,371	868,291	26.3%							4.50%	1.2739
	2012	2,560,337	1,132,570	44.2%	1,434	3,121,192	1,380,665	44.2%							4.50%	1.2191
	2013	2,458,608	706,247	28.7%	1,429	2,868,113	823,879	28.7%							4.50%	1.1666
	2014	2,392,933	1,730,584	72.3%	1,411	2,671,291	1,931,895	72.3%							4.50%	1.1163
	2015	2,354,375	1,166,287	49.5%	1,382	2,515,070	1,245,891	49.5%							4.50%	1.0683
	2016	2,253,765	1,803,241	80.0%	1,362	2,303,916	1,843,368	80.0%							4.50%	1.0223
Projected	2017	2,163,785	2,257,167	104.3%	1,318	2,116,684	2,208,033	104.3%	1.0000	N/A	0.0326	N/A	0.967	0.960	4.50%	0.9782
Future	2018	2,062,706	2,519,737	122.2%	1,272	1,930,914	2,358,744	122.2%	1.0000	N/A	0.0347	N/A	0.965	0.953	4.50%	0.9361
Experience	2019	1,961,633	2,795,095	142.5%	1,225	1,757,223	2,503,836	142.5%	1.0000	N/A	0.0372	N/A	0.963	0.951	4.50%	0.8958
	2020	1,859,058	3,080,412	165.7%	1,176	1,593,624	2,640,595	165.7%	1.0000	N/A	0.0399	N/A	0.960	0.948	4.50%	0.8572
	2021	1,754,875	3,373,704	192.2%	1,126	1,439,537	2,767,475	192.2%	1.0000	N/A	0.0426	N/A	0.957	0.944	4.50%	0.8203
	2022	1,649,512	3,668,689	222.4%	1,074	1,294,839	2,879,860	222.4%	1.0000	N/A	0.0457	N/A	0.954	0.940	4.50%	0.7850
	2023	1,544,196	3,950,869	255.9%	1,022	1,159,970	2,967,815	255.9%	1.0000	N/A	0.0487	N/A	0.951	0.936	4.50%	0.7512
	2024	1,437,861	4,227,988	294.0%	969	1,033,581	3,039,216	294.0%	1.0000	N/A	0.0522	N/A	0.948	0.931	4.50%	0.7188
	2025	1,331,957	4,492,533	337.3%	915	916,224	3,090,315	337.3%	1.0000	N/A	0.0556	N/A	0.944	0.926	4.50%	0.6879
	2026	1,227,302	4,716,827	384.3%	860	807,880	3,104,883	384.3%	1.0000	N/A	0.0593	N/A	0.941	0.921	4.50%	0.6583
	2027	1,124,760	4,903,601	436.0%	806	708,498	3,088,830	436.0%	1.0000	N/A	0.0631	N/A	0.937	0.916	4.50%	0.6299
	2028	1,025,045	5,051,840	492.8%	752	617,882	3,045,175	492.8%	1.0000	N/A	0.0671	N/A	0.933	0.911	4.50%	0.6028
	2029	928,641	5,149,062	554.5%	698	535,666	2,970,123	554.5%	1.0000	N/A	0.0713	N/A	0.929	0.906	4.50%	0.5768
	2030	836,476	5,198,071	621.4%	646	461,725	2,869,276	621.4%	1.0000	N/A	0.0756	N/A	0.924	0.901	4.50%	0.5520
	2031	748,840	5,198,513	694.2%	594	395,552	2,745,952	694.2%	1.0000	N/A	0.0799	N/A	0.920	0.895	4.50%	0.5282
	2032	666,223	5,147,664	772.7%	544	336,758	2,602,002	772.7%	1.0000	N/A	0.0845	N/A	0.916	0.890	4.50%	0.5055
	2033	589,049	5,043,145	856.1%	495	284,927	2,439,398	856.1%	1.0000	N/A	0.0893	N/A	0.911	0.884	4.50%	0.4837
	2034	517,393	4,896,681	946.4%	449	239,489	2,266,557	946.4%	1.0000	N/A	0.0940	N/A	0.906	0.878	4.50%	0.4629
	2035	451,505	4,710,609	1043.3%	404	199,992	2,086,535	1043.3%	1.0000	N/A	0.0988	N/A	0.901	0.873	4.50%	0.4429
	2036	391,437	4,490,092	1147.1%	363	165,918	1,903,214	1147.1%	1.0000	N/A	0.1036	N/A	0.896	0.867	4.50%	0.4239
	2037	337,130	4,244,905	1259.1%	323	136,745	1,721,805	1259.1%	1.0000	N/A	0.1088	N/A	0.891	0.861	4.50%	0.4056
	2038	288,399	3,976,613	1378.9%	286	111,942	1,543,523	1378.9%	1.0000	N/A	0.1138	N/A	0.886	0.855	4.50%	0.3882
	2039	245,055	3,693,156	1507.1%	252	91,022	1,371,769	1507.1%	1.0000	N/A	0.1188	N/A	0.881	0.850	4.50%	0.3714
	2040	206,821	3,401,283	1644.6%	221	73,512	1,208,954	1644.6%	1.0000	N/A	0.1237	N/A	0.876	0.844	4.50%	0.3554
	2041	173,335	3,103,946	1790.7%	193	58,957	1,055,759	1790.7%	1.0000	N/A	0.1283	N/A	0.872	0.838	4.50%	0.3401
	2042	144,220	2,809,606	1948.1%	167	46,942	914,492	1948.1%	1.0000	N/A	0.1340	N/A	0.866	0.832	4.50%	0.3255
	2043	119,171	2,517,496	2112.5%	144	37,118	784,128	2112.5%	1.0000	N/A	0.1389	N/A	0.861	0.826	4.50%	0.3115
	2044	97,773	2,234,384	2285.3%	123	29,142	665,978	2285.3%	1.0000	N/A	0.1437	N/A	0.856	0.820	4.50%	0.2981
	2045	79,647	1,965,634	2467.9%	105	22,717	560,646	2467.9%	1.0000	N/A	0.1490	N/A	0.851	0.815	4.50%	0.2852
	2046	64,415	1,710,891	2656.0%	89	17,582	466,973	2656.0%	1.0000	N/A	0.1530	N/A	0.847	0.809	4.50%	0.2729
	2047	51,718	1,476,449	2854.8%	75	13,508	385,631	2854.8%	1.0000	N/A	0.1587	N/A	0.841	0.803	4.50%	0.2612
	2048	41,267	1,264,293	3063.7%	62	10,314	315,998	3063.7%	1.0000	N/A	0.1641	N/A	0.836	0.798	4.50%	0.2499
	2049	32,688	1,073,371	3283.7%	52	7,818	256,726	3283.7%	1.0000	N/A	0.1685	N/A	0.831	0.792	4.50%	0.2392
	2050	25,732	903,503	3511.2%	43	5,889	206,792	3511.2%	1.0000	N/A	0.1726	N/A	0.827	0.787	4.50%	0.2289
	2051	20,122	753,057	3742.4%	35	4,407	164,936	3742.4%	1.0000	N/A	0.1770	N/A	0.823	0.782	4.50%	0.2190
	2052	15,640	621,669	3974.8%	29	3,278	130,296	3974.8%	1.0000	N/A	0.1804	N/A	0.820	0.777	4.50%	0.2096
	2053	12,084	507,878	4202.8%	23	2,424	101,863	4202.8%	1.0000	N/A	0.1896	N/A	0.810	0.773	4.50%	0.2006
	2054	9,285	412,025	4437.7%	19	1,782	79,079	4437.7%	1.0000	N/A	0.1888	N/A	0.811	0.768	4.50%	0.1919
	2055	7,092	330,268	4657.1%	15	1,302	60,658	4657.1%	1.0000	N/A	0.1924	N/A	0.808	0.764	4.50%	0.1837
	2056	5,395	261,395	4845.1%	12	948	45,941	4845.1%	1.0000	N/A	0.1988	N/A	0.801	0.761	4.50%	0.1758
	2057	4,082	205,585	5035.9%	10	687	34,577	5035.9%	1.0000	N/A	0.1985	N/A	0.801	0.757	4.50%	0.1682
	2058	3,073	159,698	5197.6%	8	495	25,702	5197.6%	1.0000	N/A	0.1987	N/A	0.801	0.753	4.50%	0.1609
	2059	2,301	122,691	5331.1%	6	354	18,896	5331.1%	1.0000	N/A	0.2037	N/A	0.796	0.749	4.50%	0.1540
	2060	1,717	93,702	5456.2%	5	253	13,810	5456.2%	1.0000	N/A	0.2085	N/A	0.792	0.746	4.50%	0.1474
	2061	1,277	70,063	5486.4%	4	180	9,881	5486.4%	1.0000	N/A	0.2014	N/A	0.799	0.744	4.50%	0.1410
	2062	948	52,521	5538.9%	3	128	7,088	5538.9%	1.0000	N/A	0.2061	N/A	0.794	0.743	4.50%	0.1350
	2063	704	38,750	5503.5%	3	91	5,005	5503.5%	1.0000	N/A	0.2090	N/A	0.791	0.743	4.50%	0.1291
	2064	523	28,515	5451.1%	2	65	3,524	5451.1%	1.0000	N/A	0.1922	N/A	0.808	0.743	4.50%	0.1236
	2065	389	21,383	5493.8%	2	46	2,529	5493.8%	1.0000	N/A	0.1901	N/A	0.810	0.744	4.50%	0.1183
	2066	290	15,699	5411.9%	1	33	1,777	5411.9%	1.0000	N/A	0.2175	N/A	0.782	0.745	4.50%	0.1132
	2067	217	12,086	5572.2%	1	23	1,309	5572.2%	1.0000	N/A	0.1951	N/A	0.805	0.748	4.50%	0.1083
	2068	162	9,232	5709.4%	1	17	957	5709.4%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.1036
	2069	121	7,037	5820.5%	1	12	698	5820.5%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0992
	2070	91	5,445	6015.6%	1	9	517	6015.6%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0949
	2071	69	4,267	6222.5%	0	6	388	6222.5%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0908
	2072	52	3,345	6373.9%	0	5	291	6373.9%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0869
	2073	40	2,730	6767.0%	0	3	227	6767.0%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0832
	2074	31	2,157	6964.9%	0	2	172	6964.9%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0796
	2075	24	1,739	7321.1%	0	2	132	7321.1%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0762
	2076	18	1,371	7555.9%	0	1	100	7555.9%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0729
	2077-2097	49	4,361	8984.1%	0	3	304	8984.1%	1.0000	N/A	N/A	N/A	N/A	N/A	4.50%	0.0697
	Past	33,552,745	9,483,663	28.3%	20,176	45,892,587	11,329,130	24.7%								
	Future	26,265,424	122,996,496	468.3%	19,024	18,676,651	65,747,665	352.0%								
	Lifetime	59,818,169	132,480,159	221.5%	39,201	64,569,238	77,076,796	119.4%								

Note:
- There have been no prior inforce rate revisions on these forms.
- The projections are based on the assumptions derived using experience data through 6/30/2016.

Exhibit I(b) - UPDATED
Metropolitan Life Insurance Company as an Administrator of TIAA-CREF Life Insurance Company
Nationwide Experience Projections With 73% Future Increase
Policy Forms: LTC.04
Policies Issued On or After October 1, 2003

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest				With Interest					Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
	1991	-	-	N/A	-	-	-	N/A							4.50%	3.0723
	1992	-	-	N/A	-	-	-	N/A							4.50%	2.9400
	1993	-	-	N/A	-	-	-	N/A							4.50%	2.8134
	1994	-	-	N/A	-	-	-	N/A							4.50%	2.6923
	1995	-	-	N/A	-	-	-	N/A							4.50%	2.5763
	1996	-	-	N/A	-	-	-	N/A							4.50%	2.4654
	1997	-	-	N/A	-	-	-	N/A							4.50%	2.3592
	1998	-	-	N/A	-	-	-	N/A							4.50%	2.2576
	1999	-	-	N/A	-	-	-	N/A							4.50%	2.1604
	2000	-	-	N/A	-	-	-	N/A							4.50%	2.0674
	2001	-	-	N/A	-	-	-	N/A							4.50%	1.9783
	2002	-	-	N/A	-	-	-	N/A							4.50%	1.8932
Historical	2003	841,628	497	0.1%	975	1,524,720	901	0.1%							4.50%	1.8116
Experience	2004	2,535,688	4,952	0.2%	1,594	4,395,916	8,585	0.2%							4.50%	1.7336
	2005	2,584,607	200,239	7.7%	1,566	4,287,774	332,189	7.7%							4.50%	1.6590
	2006	2,586,530	2,030	0.1%	1,551	4,106,185	3,223	0.1%							4.50%	1.5875
	2007	2,598,004	372,416	14.3%	1,528	3,946,794	565,761	14.3%							4.50%	1.5192
	2008	2,593,879	558,042	21.5%	1,503	3,770,840	811,251	21.5%							4.50%	1.4537
	2009	2,599,298	261,030	10.0%	1,495	3,615,998	363,131	10.0%							4.50%	1.3911
	2010	2,603,143	863,932	33.2%	1,479	3,465,405	1,150,100	33.2%							4.50%	1.3312
	2011	2,589,951	681,594	26.3%	1,468	3,299,371	868,291	26.3%							4.50%	1.2739
	2012	2,560,337	1,132,570	44.2%	1,434	3,121,192	1,380,665	44.2%							4.50%	1.2191
	2013	2,458,608	706,247	28.7%	1,429	2,868,113	823,879	28.7%							4.50%	1.1666
	2014	2,392,933	1,730,584	72.3%	1,411	2,671,291	1,931,895	72.3%							4.50%	1.1163
	2015	2,354,375	1,166,287	49.5%	1,382	2,515,070	1,245,891	49.5%							4.50%	1.0683
	2016	2,253,765	1,803,241	80.0%	1,362	2,303,916	1,843,368	80.0%							4.50%	1.0223
Projected	2017	2,163,785	2,257,167	104.3%	1,318	2,116,684	2,208,033	104.3%	1.0000	1.0000	0.0326	1.0000	0.967	0.960	4.50%	0.9782
Future	2018	2,062,706	2,519,737	122.2%	1,272	1,930,914	2,358,744	122.2%	1.0000	1.0000	0.0347	1.0000	0.965	0.953	4.50%	0.9361
Experience	2019	2,726,926	2,784,507	102.1%	1,223	2,442,770	2,494,351	102.1%	1.3954	0.9978	0.0387	0.9984	0.961	0.951	4.50%	0.8958
	2020	3,193,696	3,058,886	95.8%	1,172	2,737,704	2,622,142	95.8%	1.7300	0.9960	0.0412	0.9970	0.959	0.948	4.50%	0.8572
	2021	3,014,718	3,350,129	111.1%	1,122	2,472,996	2,748,136	111.1%	1.7300	0.9960	0.0426	0.9970	0.957	0.944	4.50%	0.8203
	2022	2,833,714	3,643,053	128.6%	1,071	2,224,418	2,859,735	128.6%	1.7300	0.9960	0.0457	0.9970	0.954	0.940	4.50%	0.7850
	2023	2,652,791	3,923,261	147.9%	1,019	1,992,724	2,947,076	147.9%	1.7300	0.9960	0.0487	0.9970	0.951	0.936	4.50%	0.7512
	2024	2,470,117	4,198,443	170.0%	966	1,775,601	3,017,978	170.0%	1.7300	0.9960	0.0522	0.9970	0.948	0.931	4.50%	0.7188
	2025	2,288,184	4,461,139	195.0%	912	1,573,992	3,068,720	195.0%	1.7300	0.9960	0.0556	0.9970	0.944	0.926	4.50%	0.6879
	2026	2,108,396	4,683,866	222.2%	858	1,387,866	3,083,186	222.2%	1.7300	0.9960	0.0593	0.9970	0.941	0.921	4.50%	0.6583
	2027	1,932,237	4,869,334	252.0%	804	1,217,137	3,067,246	252.0%	1.7300	0.9960	0.0631	0.9970	0.937	0.916	4.50%	0.6299
	2028	1,760,935	5,016,538	284.9%	750	1,061,466	3,023,895	284.9%	1.7300	0.9960	0.0671	0.9970	0.933	0.911	4.50%	0.6028
	2029	1,595,323	5,113,080	320.5%	696	920,227	2,949,368	320.5%	1.7300	0.9960	0.0713	0.9970	0.929	0.906	4.50%	0.5768
	2030	1,436,992	5,161,747	359.2%	644	793,203	2,849,225	359.2%	1.7300	0.9960	0.0756	0.9970	0.924	0.901	4.50%	0.5520
	2031	1,286,441	5,162,186	401.3%	592	679,522	2,726,763	401.3%	1.7300	0.9960	0.0799	0.9970	0.920	0.895	4.50%	0.5282
	2032	1,144,512	5,111,692	446.6%	542	578,519	2,583,819	446.6%	1.7300	0.9960	0.0845	0.9970	0.916	0.890	4.50%	0.5055
	2033	1,011,934	5,007,903	494.9%	494	489,478	2,422,351	494.9%	1.7300	0.9960	0.0893	0.9970	0.911	0.884	4.50%	0.4837
	2034	888,836	4,862,463	547.1%	447	411,421	2,250,719	547.1%	1.7300	0.9960	0.0940	0.9970	0.906	0.878	4.50%	0.4629
	2035	775,646	4,677,691	603.1%	403	343,568	2,071,954	603.1%	1.7300	0.9960	0.0988	0.9970	0.901	0.873	4.50%	0.4429
	2036	672,453	4,458,715	663.1%	361	285,033	1,889,914	663.1%	1.7300	0.9960	0.1036	0.9970	0.896	0.867	4.50%	0.4239
	2037	579,159	4,215,241	727.8%	322	234,916	1,709,773	727.8%	1.7300	0.9960	0.1088	0.9970	0.891	0.861	4.50%	0.4056
	2038	495,444	3,948,825	797.0%	285	192,307	1,532,737	797.0%	1.7300	0.9960	0.1138	0.9970	0.886	0.855	4.50%	0.3882
	2039	420,983	3,667,348	871.1%	252	156,368	1,362,184	871.1%	1.7300	0.9960	0.1188	0.9970	0.881	0.850	4.50%	0.3714
	2040	355,299	3,377,515	950.6%	220	126,288	1,200,506	950.6%	1.7300	0.9960	0.1237	0.9970	0.876	0.844	4.50%	0.3554
	2041	297,774	3,082,255	1035.1%	192	101,283	1,048,382	1035.1%	1.7300	0.9960	0.1283	0.9970	0.872	0.838	4.50%	0.3401
	2042	247,758	2,789,972	1126.1%	166	80,642	908,102	1126.1%	1.7300	0.9960	0.1340	0.9970	0.866	0.832	4.50%	0.3255
	2043	204,724	2,499,904	1221.1%	143	63,766	778,649	1221.1%	1.7300	0.9960	0.1389	0.9970	0.861	0.826	4.50%	0.3115
	2044	167,965	2,218,770	1321.0%	123	50,064	661,324	1321.0%	1.7300	0.9960	0.1437	0.9970	0.856	0.820	4.50%	0.2981
	2045	136,827	1,951,898	1426.5%	104	39,026	556,728	1426.5%	1.7300	0.9960	0.1490	0.9970	0.851	0.815	4.50%	0.2852
	2046	110,660	1,698,936	1535.3%	88	30,204	463,710	1535.3%	1.7300	0.9960	0.1530	0.9970	0.847	0.809	4.50%	0.2729
	2047	88,848	1,466,132	1650.2%	74	23,206	382,936	1650.2%	1.7300	0.9960	0.1587	0.9970	0.841	0.803	4.50%	0.2612
	2048	70,893	1,255,459	1770.9%	62	17,719	313,790	1770.9%	1.7300	0.9960	0.1641	0.9970	0.836	0.798	4.50%	0.2499
	2049	56,155	1,065,870	1898.1%	52	13,431	254,932	1898.1%	1.7300	0.9960	0.1685	0.9970	0.831	0.792	4.50%	0.2392
	2050	44,205	897,189	2029.6%	43	10,118	205,347	2029.6%	1.7300	0.9960	0.1726	0.9970	0.827	0.787	4.50%	0.2289
	2051	34,569	747,794	2163.2%	35	7,571	163,783	2163.2%	1.7300	0.9960	0.1770	0.9970	0.823	0.782	4.50%	0.2190
	2052	26,868	617,325	2297.6%	29	5,631	129,385	2297.6%	1.7300	0.9960	0.1804	0.9970	0.820	0.777	4.50%	0.2096
	2053	20,760	504,329	2429.4%	23	4,164	101,151	2429.4%	1.7300	0.9960	0.1896	0.9970	0.810	0.773	4.50%	0.2006
	2054	15,950	409,146	2565.1%	19	3,061	78,527	2565.1%	1.7300	0.9960	0.1888	0.9970	0.811	0.768	4.50%	0.1919
	2055	12,183	327,960	2692.0%	15	2,238	60,234	2692.0%	1.7300	0.9960	0.1924	0.9970	0.808	0.764	4.50%	0.1837
	2056	9,268	259,568	2800.6%	12	1,629	45,620	2800.6%	1.7300	0.9960	0.1988	0.9970	0.801	0.761	4.50%	0.1758
	2057	7,013	204,148	2910.9%	10	1,180	34,335	2910.9%	1.7300	0.9960	0.1985	0.9970	0.801	0.757	4.50%	0.1682
	2058	5,278	158,582	3004.4%	8	850	25,523	3004.4%	1.7300	0.9960	0.1987	0.9970	0.801	0.753	4.50%	0.1609
	2059	3,954	121,833	3081.6%	6	609	18,764	3081.6%	1.7300	0.9960	0.2037	0.9970	0.796	0.749	4.50%	0.1540
	2060	2,950	93,048	3153.9%	5	435	13,713	3153.9%	1.7300	0.9960	0.2085	0.9970	0.792	0.746	4.50%	0.1474
	2061	2,194	69,574	3171.3%	4	309	9,812	3171.3%	1.7300	0.9960	0.2014	0.9970	0.799	0.744	4.50%	0.1410
	2062	1,629	52,154	3201.7%	3	220	7,039	3201.7%	1.7300	0.9960	0.2061	0.9970	0.794	0.743	4.50%	0.1350
	2063	1,210	38,479	3181.2%	2	156	4,970	3181.2%	1.7300	0.9960	0.2090	0.9970	0.791	0.743	4.50%	0.1291
	2064	899	28,316	3150.9%	2	111	3,499	3150.9%	1.7300	0.9960	0.1922	0.9970	0.808	0.743	4.50%	0.1236
	2065	669	21,234	3175.6%	2	79	2,511	3175.6%	1.7300	0.9960	0.1901	0.9970	0.810	0.744	4.50%	0.1183
	2066	498	15,589	3128.2%	1	56	1,764	3128.2%	1.7300	0.9960	0.2175	0.9970	0.782	0.745	4.50%	0.1132
	2067	373	12,002	3220.9%	1	40	1,300	3220.9%	1.7300	0.9960	0.1951	0.9970	0.805	0.748	4.50%	0.1083
	2068	278	9,167	3300.3%	1	29	950	3300.3%	1.7300	0.9960	0.1438	0.9970	0.856	N/A	4.50%	0.1036
	2069	208	6,988	3364.4%	1	21	693	3364.4%	1.7300	0.9960	0.1756	0.9970	0.824	N/A	4.50%	0.0992
	2070	155	5,407	3477.3%	1	15	513	3477.3%	1.7300	0.9960	0.1888	0.9970	0.811	N/A	4.50%	0.0949
	2071	118	4,237	3596.8%	0	11	385	3596.8%	1.7300	0.9960	0.1954	0.9970	0.805	N/A	4.50%	0.0908
	2072	90	3,322	3684.4%	0	8	289	3684.4%	1.7300	0.9960	0.1813	0.9970	0.819	N/A	4.50%	0.0869
	2073	69	2,711	3911.6%	0	6	225	3911.6%	1.7300	0.9960	0.1638	0.9970	0.836	N/A	4.50%	0.0832
	2074	53	2,142	4026.0%	0	4	170	4026.0%	1.7300	0.9960	0.1281	0.9970	0.872	N/A	4.50%	0.0796
	2075	41	1,727	4231.8%	0	3	132	4231.8%	1.7300	0.9960	0.1568	0.9970	0.843	N/A	4.50%	0.0762
	2076	31	1,361	4367.6%	0	2	99	4367.6%	1.7300	0.9960	0.1541	0.9970	0.846	N/A	4.50%	0.0729
	2077-2097	83	4,330	5193.1%	0	6	302	5193.1%	1.7300	0.9960	0.4082	0.9970	0.592	N/A	4.50%	0.0697
	Past	33,552,745	9,483,663	28.3%	20,176	45,892,587	11,329,130	24.7%								
	Future	41,444,427	122,179,322	294.8%	18,977	28,603,023	65,328,145	228.4%								
	Lifetime	74,997,172	131,662,985	175.6%	39,153	74,495,610	76,657,276	102.9%								

Note:
- The implementation of the current requested 73% increase is assumed to begin in January 2019.
- The projections are based on the assumptions derived using experience data through 6/30/2016.

Exhibit II(b) - UPDATED
Demonstration that Lifetime Incurred Claims with Requested Increase are
Not Less than Lifetime Earned Premium with Prescribed Factors
Policy Forms: LTC.04
Policies Issued On or After October 1, 2003

1 Accumulated value of initial earned premium	45,892,587	x	58%	=	26,617,701
2a Accumulated value of earned premium	45,892,587				
2b Accumulated value of prior premium rate schedule increases (2a-1)	0	x	85%	=	0
3 Present value of future projected initial earned premium	18,676,651	x	58%	=	10,832,458
4a Present value of future projected premium	28,603,023				
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	9,926,372	x	85%	=	8,437,416
5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b					**45,887,574**
6a Accumulated value of incurred claims without the inclusion of active life reserves					11,329,130
6b Present value of future projected incurred claims without the inclusion of active life reserves					65,328,145
7 Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b					**76,657,276**
8 Test: 7 is not less than 5					TRUE

Attachment 4B
Metropolitan Life Insurance Company
Expected Pricing Lapse
TIAA Experience

Policy Duration		Issue Age											TOTAL
		Under 35	35 TO 39	40 TO 44	45 TO 49	50 TO 54	55 TO 59	60 TO 64	65 TO 69	70 TO 74	75 TO 79	Over 79	
14	Exposure	30	47	195	556	1,631	4,130	5,860	5,933	3,605	1,033	137	23,155
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	3.00%	3.00%	3.00%	2.00%	2.00%	
	Expected	0	0	2	8	33	83	176	178	108	21	3	612
15	Exposure	22	37	152	447	1,260	3,385	4,989	5,142	3,087	817	89	19,429
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	2	7	25	68	100	103	62	16	2	384
16	Exposure	17	27	101	277	717	1,999	3,153	3,178	1,896	446	43	11,853
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	1	4	14	40	63	64	38	9	1	234
17	Exposure	13	23	65	163	361	990	1,622	1,720	1,093	227	24	6,300
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	1	2	7	20	32	34	22	5	0	124
18	Exposure	10	14	43	104	227	595	1,013	1,040	594	114	9	3,765
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	0	2	5	12	20	21	12	2	0	74
19	Exposure	8	13	33	82	160	432	749	770	396	68	6	2,716
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	0	1	3	9	15	15	8	1	0	53
20	Exposure	6	6	22	55	88	221	378	395	177	27	2	1,376
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	0	1	2	4	8	8	4	1	0	27
21	Exposure	2	3	14	36	46	82	161	150	65	9	1	569
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	0	1	1	2	3	3	1	0	0	11
22	Exposure	2	1	9	19	28	46	93	88	34	5	0	324
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	0	0	1	1	2	2	1	0	0	6
23	Exposure	0	0	3	10	17	16	44	44	12	2	0	148
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	0	0	0	0	1	1	0	0	0	3
24	Exposure	0	0	0	6	10	7	7	13	3	1	0	47
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
	Expected	0	0	0	0	0	0	0	0	0	0	0	1
25	Exposure	0	0	0	1	1	1	0	0	0	0	0	2
	Pricing Lapse Rate	1.00%	1.00%	1.00%	1.50%	2.00%	2.00%	2.00%	1.00%	1.00%	1.00%	1.00%	
	Expected	0	0	0	0	0	0	0	0	0	0	0	0
14+	**Exposure**	**110**	**170**	**636**	**1,755**	**4,545**	**11,902**	**18,069**	**18,474**	**10,962**	**2,749**	**311**	**69,684**
	Expected	**1**	**2**	**6**	**26**	**91**	**238**	**420**	**429**	**255**	**55**	**6**	**1,530**
	Avg. Lapse Rate	**1.00%**	**1.00%**	**1.00%**	**1.50%**	**2.00%**	**2.00%**	**2.32%**	**2.32%**	**2.33%**	**2.00%**	**2.00%**	**2.20%**

Attachment 7
Metropolitan Life Insurance Company
Rate Filing Status
Policy Forms: LTC.04

State	Annualized Premium as of 9/30/2017	1st Increase Request	Approved %	2nd Increase Request	Approved %	3rd Increase Request	Approved %	Cumulative Increase as of 9/12/2018
Alabama	674,647	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Alaska	36,719	41%	41%	73.00%	21.00%	N/A	N/A	70.61%
Arizona	345,194	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Arkansas	74,102	41%	20%	44.16%	25.00%	Scheduled -15.33%		50.00%
California	693,738	41%	0%	73.00%	20.00%	Scheduled - 44.17%		20.00%
Connecticut	434,928	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Delaware	116,458	41%	14.9%	50.56%	25.00%	Scheduled - 20.45%		43.63%
District of Columbia	416,163	41%	15%	50.43%	41.20%	Scheduled - 6.54%		62.38%
Florida	945,418	41%	Varies by age	54.72%	Varies by age	N/A	N/A	72.99%
Georgia	610,695	41%	20%	44.16%	12.00%	9.90%	9.90%	47.71%
Hawaii	32,315	41%	0%	73.00%	Pending	N/A	N/A	
Idaho	152,675	41%	25%	38.40%	12.00%	Scheduled - 23.57%		40.00%
Illinois	517,358	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Indiana	493,521	41%	15%	56.82%	9.50%	Scheduled - 36.76%		25.93%
Iowa	338,461	41%	18%	46.61%	17.50%	Scheduled - 24.77%		38.65%
Kansas	126,588	41%	20%	43.21%	40.00%	Scheduled - 2.97%		68.00%
Kentucky	30,616	41%	41%	22.69%	6.80%	14.88%	14.88%	73.00%
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	46,992	41%	41%	22.71%	22.71%	N/A	N/A	73.02%
Maryland	898,567	41%	15%	15.00%	15.00%	15.00%	Pending	32.25%
Massachusetts	1,188,567	41%	0%	Scheduled - 73%				
Michigan	1,345,023	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Minnesota	228,648	41%	0%	73.00%	45.00%	Scheduled - 19.31%		45.00%
Mississippi	13,672	41%	25%	38.40%	25.00%	10.72%	Pending	56.25%
Missouri	295,447	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Montana	19,738	41%	41%	22.69%	6.85%	Scheduled - 14.83%		50.66%
Nebraska	139,715	41%	18%	46.61%	20.00%	Scheduled - 22.18%		41.60%
Nevada	139,528	41%	25%	38.40%	38.40%	N/A	N/A	73.00%
New Hampshire	36,892	41%	0%	73.00%	0.00%	Scheduled - 73%		0.00%
New Jersey	709,333	41%	20.5%	43.56%	43.56%	N/A	N/A	72.99%
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	3,926,629	41%	8%	50.43%	15.00%	39.29%	Pending	24.20%
North Carolina	956,226	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Ohio	837,617	41%	41%	23.21%	15.00%	Scheduled - 7.15%		62.15%
Oklahoma	205,233	41%	25%	38.40%	25.00%	Scheduled - 10.72%		56.25%
Oregon	240,231	41%	10%	50.43%	15.00%	39.88%	Pending	26.50%
Pennsylvania	1,506,115	41%	29.5%	33.58%	33.58%	N/A	N/A	72.99%
Rhode Island	207,360	41%	0%	73.00%	Pending			
South Carolina	211,631	41%	20%	44.16%	20.00%	Scheduled - 20.14%		44.00%
South Dakota	30,994	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Tennessee	207,255	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Texas	236,209	41%	0%	73.00%	73.00%	N/A	N/A	73.00%
Utah	16,434	41%	41%	22.69%	0.00%	Scheduled - 22.70%		41.00%
Vermont	97,662	Scheduled - 73%						
Virginia	465,636	41%	0%	73.00%	Pending			
Washington	410,592	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
West Virginia	280,805	41%	15%	50.43%	50.43%	N/A	N/A	72.99%
Wisconsin	471,574	41%	41%	22.69%	22.69%	N/A	N/A	72.99%
Wyoming	39,454	41%	41%	22.69%	22.69%	N/A	N/A	72.99%

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Tel: 860-656-3809

Gina Jisonna
Manager – Product Development

December 7, 2018

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re: TIAA-CREF Life Insurance Company ("T-C Life")
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
SERFF #: META-130630165

Dear Mr. Dismore:

The answers to your questions from your response dated October 31, 2018 are as follows:

1) The policyholder notification letter must be written on the insurance company's letterhead. Metropolitan Life Insurance Company may be listed as the administrator on behalf of TIAA-CREF Life Insurance Company but cannot be as prominent.
Response: Please note that the letter has been revised to include the new Metropolitan Life Insurance (MetLife) Company logo. The header in the letter has also been revised to reflect MetLife or MetLife Services and Solutions is the administrator of the TIAA-CREF Life Insurance Company. We feel it's important the policyholders be aware of this, as MetLife assumed the TIAA-CREF business in 2004.

2) The "MetLife" logo should be removed from the letter as it is not applicable as a trademark to TIAA-CREF Life Insurance Company.
Response: We respectfully disagree with Department's request to remove the MetLife logo, as MetLife is the administrator of the TC Life policies.

3) Since the policyholder notification letter and change request form are required to be filed for review, they should be moved under the Form Schedule" section. If the Company intends to use a previously approved policyholder letter form, please provide the SERFF tracking number for the approved letter.
Response: Included with this response is the Coverage Change form and corresponding Statement of Variability (SOV).

4) Pursuant to 14VAC5-100-40 A 1 and 14VAC5-100-50 1, the policyholder notification letter is required to include a form number in the lower left-hand corner of the form that may consist of digits, letters or a combination of both that distinguishes it from all other forms used by the insurer. Please revise the form accordingly.
Response: A form number has been added to the PH letter.

5) Pursuant to 14VAC5-200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.
Response: Yes, we confirm the company will comply with this request.

6) Please modify the letters to explain why anticipated claims are higher than expected. The drivers should be identified in language that anyone without an insurance background can easily understand in consumer-friendly language.
Response: The language has been revised as follows:
"Experience under the plan show more claims than expected. In addition, claims are being paid for longer times than expected."

7) Please provide a sample of the "optional increase offer" communication referred to in paragraph 1, on page 2 in brackets. If this is an approved form, please provide the SERFF tracking number under which this form was approved. Please explain if this form is attached to the policy.
Response: The included rider was filed as a paper filing and therefore does not have an associated SERFF number. Refer to attachment "VA - 04 CPI" for a copy of the stamped approval. The sample optional increase offer letter included is not filed.

8) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled?
Response: As we indicate in our rate notification increase letter:" Please note if you are on Waiver of Premium at the time the increase becomes effective, there will be no impact to your coverage or premiums unless your obligation to make payment resumes".
As we indicate on our coverage change form: "Please note: It may not be your best interest to make reductions to your coverage while in claim".

Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?
Response: No. Rate notification letter states the following options to consider:
"Continue your coverage by paying the new premium amount when due"
"Reduce your coverage:
"Cancel your coverage"
"Call the customer service team"
"Next Steps" include "Should you need more time to decide on a coverage decrease, you may request a decrease in writing at any time"

9) Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.
Response: A copy of the Schedule of Benefits page is attached.

10) Although the policyholder notification letter includes an explanation of the potential for future premium rate revisions as required by 14VAC5-200-75 A 2, it does not state the policyholder's options in the event of a premium rate revision. The letter should explain the potential for future premium rate revisions only for the applicable form(s) within this rate filing and not all long-term care forms currently active. All forms not applicable to this rate revision filing should be removed from the policyholder letter. Please revise the form accordingly.
Response: Language has been added language to the letter and highlighted for your convenience, paragraph 5, first page on the letter. This language is bracketed and will only appear if the Department approves a lower percentage than our request. The policyholder will be provided options to decrease coverage in order to mitigate a premium rate increase. Examples of this would be reducing their DBA and/or Lifetime Benefit Maximum. The customer service number is also include on the letter, should the policyholder wish to discuss other options that may be available to them.

11) Please update the statement of variability for the policyholder notification letter to reflect all revisions.
Response: The Statement of Variability for the policyholder notification letter has been updated to reflect all revisions.

12) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.
Response: The following statement is included in the policyholder letter.
We have a limited right to increase premiums. Your premium will not increase due to a change in Your age or health. We can increase Your premium based on Your premium class, but only if We increase the premiums for all similar policies issued on the same form as this Policy. If the premium increases, the increase will only be made as of an anniversary of the Policy Effective Date. We will give You at least 30 days written notice before We increase Your premium.

13) Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.
Response: There are no partnership policies on the TC Life block of business.

14) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.
Response: A certification form has been provided.

15) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 4VAC5-100 et seq. to ensure that all applicable requirements have been met.
Response: After reviewing the requirements outlined in 14VAC5-200-75 D and 4VAC5-100 et seq., we confirm that all applicable requirements have been met.

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Gina Jisonna
Manager – Product Development

TIAA-CREF Life Insurance Company, MetLife
Services and Solutions, LLC as administrator
[P.O. Box 990028, Hartford, CT 06199-0028]

TIAA-CREF Life Insurance Company
Long Term Care Insurance Coverage Change Form

[First Name] [Last Name]
Policy # [##############]
Distribution Alliance ID # [######]
New Premium Amount Date: [Policy Anniversary Date]

If you intend to maintain your current coverage at the new increased premium, there is no need to complete this form.

Please use this form to request decreases in your long term care insurance coverage or to cancel your policy. ~~We recommend that you review the enclosed information on the Cost of Care chart.~~ If you have any questions, you can speak with a customer service team member at [**(888) 748-4824**], available between the hours of [8:00 a.m. and 11:00 p.m.], Eastern Time, Monday through Friday.

Coverage Decrease Options

[☐ Reduce my Nursing Facility Care Daily Benefit Amount from [$------] to [$------]. This will change my premium from [New Premium Amount$XX.XX]/[mode] to [$XX.XX]/[mode].

[☐ Reduce my Lifetime Benefit Maximum duration from [------] years to [------] years. This will change my premium from [New Premium Amount$XX.XX]/[mode] to [$XX.XX]/[mode].]

[☐ Other _____ _____
_____]

[Insert if no decrease options are provided:]
[Please contact our customer service team if you wish to discuss whether decrease options may be available to you.

☐ Change/Reduce _____
_____]

[Include this selection for insureds **with no** Nonforfeiture~~/RPU~~:]

☐ [Please CANCEL my policy. I understand that I will be provided with coverage under a Limited Coverage Upon Lapse Endorsement (LCUL). *As you consider this option, please note that this is **limited** coverage and not intended to replace the coverage you currently have.]*

[Include this selection for insureds **with** Nonforfeiture (**Shortened Benefit Period**):]

☐ [Please CANCEL my policy. I understand that this will trigger coverage under the Nonforfeiture feature or rider which I purchased with my policy. *As you consider this option, please note that this is **limited** coverage and not intended to replace the coverage you currently have.]*

~~de this selection for insureds with Reduced Paid-up (**RPU**):~~

~~☐ [Please CANCEL my policy. I understand that this will trigger coverage under the option I have selected below. If no option is selected the Reduced Paid-Up feature which I purchased with my policy will apply. *As you consider this option, please note that this is **limited** coverage and not intended to replace the coverage you currently have.*~~

~~☐ Apply the limited coverage under the **Reduced Paid-Up Feature** I purchased with my policy.~~

~~☐ Apply the **Limited Coverage Upon Lapse** coverage. I understand in making this selection that I waive my rights under any other nonforfeiture feature including RPU.]~~

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Please note you may not be able to increase benefits in the future without providing evidence of insurability. If your policy includes a Survivor Waiver or Shared Care rider, please note that both policyholders must maintain identical coverage in order for these to remain in effect. Please refer to your policy for additional detail.

I understand the policy change(s) I have selected above. I agree that any change(s) will become effective on the policy anniversary date coinciding with the premium increase. (Cancellations will be processed consistent with the terms of your policy and any applicable endorsements.)

Please note: It may not be in your best interest to make reductions to your coverage while in claim.

Signature: _____ Date: _____

Please return signed form by [COMPLETE DATE] to:

MetLife Services and Solutions, LLC as administrator
~~Metropolitan Life Insurance Company~~
Long Term Care
[PO Box 14634
Lexington, KY 40512-4634]

Phone: [(888) 748-4824]
Fax: [(866) 314-5612]

POLICY SCHEDULE

GENERAL POLICY INFORMATION

Name of Insured: Name — SS#: XXX-XX-XXXX
Date of Birth: MM/DD/YYYY — Age: XX Years
Policy Effective Date: Original Effective — Policy Number: XXXXXXXXX
(Effective 12:01 AM)
Effective Date of this Schedule: Current Effective

BENEFITS

Lifetime Benefit Maximum (as of the Effective Date of this Schedule)	$xxx,xxx.xx**
**the amount shown does not reflect any claims paid or payable	
Nursing Facility Care Daily Benefit Maximum	$dba per day
Home and Community-Based Care Daily Benefit Maximum	$dba per day
Benefit Waiting Period	## days

This policy is sufficient to provide at least X years of benefits.

SUPPLEMENTAL BENEFITS

Caregiver Training	Lifetime Maximum of $xxx.xx
Respite Care	Maximum of 24 Days in any 12 Month Period
Durable Medical Equipment	Lifetime Maximum of $xxxx.xx
Emergency Response System	Maximum of up to $35.00 per Month to 36 Months
Initial Installation Fee	Maximum of up to $75.00

OPTIONAL BENEFITS

Agreement For Periodic Inflation Additions (CPI)	Rider is attached to the Policy
Shared Care Option	Rider is attached to the Policy
Survivor Waiver Option	Rider is attached to the Policy
Inflation Protection Option	Rider is attached to the Policy
Nonforfeiture Option	Rider is attached to the Policy

PREMIUM SUMMARY

Basic Benefits	$xxx.xx
Total Quarterly Premium	$xxx.xx
Total Quarterly Premium With Spousal Discount	$xxx.xx
Elected Payment Mode	**QUARTERLY**
Total Modal Premium	$xxx.xx

THIS POLICY SCHEDULE REPLACES ANY POLICY SCHEDULE AND ANY SCHEDULE OF ADDITIONAL BENEFITS AND PREMIUMS PREVIOUSLY ISSUED TO YOU.

TIAA-CREF Life Insurance Company
730 Third Avenue
New York, NY 10017-3206
212-490-9000 1-800-223-1200

Name of Insured: Sample Virginia **Policy Number:** 0989XXXX

Long-Term Care Insurance Policy

This Long-Term Care Policy is a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the policy was issued or issued for delivery. If **You** have any questions regarding the tax qualification of this product, **You** should direct such questions to the appropriate federal agency, or **You** should contact **Your** tax advisor.

This Policy is **not a Medicare Supplement Policy**. This Policy is not intended to replace **Your** present health insurance.

Notice to Buyer: This Policy may not cover all of the costs associated with long-term care incurred by **You** during the period of coverage. **You** are advised to **CAREFULLY REVIEW** all policy limitations.

Caution: **This Policy may not apply when You have a claim. Please read! We issued this insurance Policy based on Your responses to the questions on Your application. A copy of the application is attached to and made a part of this Policy. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your Policy. The best time to clear up any question is now, before a claim arises. If, for any reason, any of Your answers are incorrect, write or call Us. Our address and phone number are shown above.**

This Policy is **Guaranteed Renewable**. **We** cannot cancel or refuse to renew this Policy. To keep this Policy in force, **You** need only pay the premiums on time.

We have a limited right to increase premiums. **Your** premium will not increase due to a change in **Your** age or health. **We** can increase **Your** premium based on **Your** premium class, but only if **We** increase the premiums for all similar policies issued on the same form as this Policy. If the premium increases, the increase will only be made as of an anniversary of the Policy Effective Date. **We** will give **You** at least 30 days written notice before **We** increase **Your** premium.

30 day right to examine Your Policy. **You** have 30 days from the day **You** receive this Policy to examine and return it to **Us** if **You** decide not to keep it. **You** do not have to tell **Us Your** reason for returning the Policy. Simply return it to **Us** at the address above. **We** will refund the full amount of any premium paid, and the Policy will be void from the start.

President

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POLICY SCHEDULE

GENERAL POLICY INFORMATION

Name of Insured: Sample Virginia — SS#: XXX-XX-2607
Date of Birth: 04/06/1951 — Age: 52 Years
Policy Effective Date: April 1, 2003 — Policy Number: 0989XXXX
(Effective 12:01 AM)
Effective Date of this Schedule: April 1, 2012

This Policy was issued in the state of Virginia.

BENEFITS

Lifetime Benefit Maximum (as of the Effective Date of this Schedule)	$361,350.00**
**the amount shown does not reflect any claims paid or payable	
Nursing Facility Care Daily Benefit Maximum	$198.00 per day
Home and Community-Based Care Daily Benefit Maximum	$198.00 per day
Benefit Waiting Period	90 days

This policy is sufficient to provide at least 5 years of benefits.

SUPPLEMENTAL BENEFITS

Caregiver Training	Lifetime Maximum of $990.00
Respite Care	Maximum of 24 Days in any 12 Month Period
Durable Medical Equipment	Lifetime Maximum of $9,900.00
Emergency Response System	Maximum of up to $35.00 per Month up to 36 Months
Initial Installation Fee	Maximum of up to $75.00

PREMIUM SUMMARY

Basic Benefits	$1,163.07
Total Monthly Premium	$99.41
Elected Payment Mode	MONTHLY
Total Modal Premium	$89.46

THIS POLICY SCHEDULE REPLACES ANY POLICY SCHEDULE AND ANY SCHEDULE OF ADDITIONAL BENEFITS AND PREMIUMS PREVIOUSLY ISSUED TO YOU

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SPECIAL NOTE: Throughout this Policy, the words "**We**", "**Our**" or "**Us**" refer to TIAA-CREF Life Insurance Company ("TIAA-CREF Life"). The words "**You**" or "**Your**" refer to the name of the Insured who appears on the Policy Schedule page. For ease of reading, all **defined terms**, titles of sections, and provisions appear in **bold print**.

TERMS YOU SHOULD KNOW

Activities of Daily Living ("ADLs")

Activities of Daily Living are functions which **You** ordinarily are able to perform without **Substantial Assistance** from another individual. **Your** ability to perform the following six ADLs is used to determine **Your** eligibility for benefits:

1. Bathing: the ability to wash **Yourself** in the tub, shower, or by sponge bath including the task of getting into or out of the tub or shower.

2. Continence: the ability to maintain control of bowel and bladder function, or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

3. Dressing: the ability to put on and take off all garments and necessary braces or artificial limbs usually worn, and to fasten or unfasten them.

4. Eating(Feeding): the ability to feed **Yourself** by getting food into **Your** body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

5. Toileting: the ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene.

6. Transferring: the ability to move into or out of a chair, bed, or wheelchair.

Adult Day Care

Adult Day Care refers to a program for six or more individuals, of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home.

Terms You Should Know (Continued)

Adult Day Care Center

An **Adult Day Care Center** is a facility which provides a program of physical and support services to adults and is established and operated in accordance with any applicable state or local laws including any laws requiring licensing and:

1. has a staff (enough to maintain a ratio of clients to staff no greater than 8 to 1) which includes a full-time director and at least one or more registered nurses (R.N.'s) who are on-site during operating hours for at least 4 hours a day;
2. has formal arrangements for providing services of a dietician, a licensed physical therapist, a licensed speech therapist, and a licensed occupational therapist;
3. operates at least 5 days a week for at least 6 hours per day;
4. has no provisions for care for more than 12 hours or for overnight stays;
5. maintains written records of care and services provided to each patient; and,
6. establishes procedures for obtaining appropriate aid in the event of a medical emergency.

Alzheimer's Facility

An **Alzheimer's Facility** refers to a **Nursing Home/Nursing Facility** or an **Assisted Living Facility**, or any part of such facilities, that is primarily devoted to caring for persons diagnosed with Alzheimer's disease.

Assessment

An **Assessment** is an evaluation(s) done by a **Care Advisor** to determine or verify **Your** loss of functional or cognitive ability.

Assisted Living Facility

An **Assisted Living Facility** is a facility that is licensed, if required by the state in which it operates, to provide 24-hour-a-day care and assistance with **Activities of Daily Living**, or ongoing supervision due to **Severe Cognitive Impairrment**, for at least 10 patients in one location, and:

1. has trained and ready-to-respond employees on duty at all times to provide that care;
2. provides three meals a day and accommodates special dietary needs;
3. has formal arrangements for the services of a physician or nurse to furnish emergency medical care; and,
4. has appropriate methods and procedures for handling and administering drugs and biologicals.

Terms You Should Know (Continued)

Benefit Waiting Period

The **Benefit Waiting Period** refers to the total number of days in which **You** continuously meet this Policy's eligibility criteria for benefits and **You** incur **Covered Expenses** for **Nursing Facility Care** or **Home and Community-Based Care** at least as often as twice every seven days.

We will *NOT* pay **Nursing Facility Care Benefits** or **Home and Community-Based Care Benefits** before the **Benefit Waiting Period** has been satisfied.

Days of care paid by **Medicare** will count towards satisfying the **Benefit Waiting Period**.

Care Advisor

A **Care Advisor** is a licensed health care practitioner (such as a licensed physician, registered nurse, or licensed social worker) employed by or under contract to, a **Care Management Organization**. This individual is qualified by training and experience to assess and coordinate the overall medical, personal and social service needs of a person who suffers long-term physical or cognitive disability.

Care Management Organization

A **Care Management Organization** is an organization, with whom **We** contract, which is appropriately licensed and legally authorized to engage in providing care management services and:

1. has a staff, including at least one registered nurse (R.N.) and one social worker, who has a master's degree from an accredited school of social work;
2. has a full-time administrator;
3. maintains written records of services provided to each client; and,
4. provides services which include but are not limited to:

    a. assessing the individual's condition to determine what resources and services are necessary and by whom they might be most appropriately delivered;
    b. coordinating elements of a **Plan of Care**;
    c. making referrals to the appropriate medical or social services personnel or agency;
    d. monitoring such services with respect to utilization and quality; and,
    e. monitoring and assessing the status and needs of the client.

Terms You Should Know (Continued)

Chronically Ill Individual

A **Chronically Ill Individual** is defined as a person who has been **Assessed** in the past 12 months by a **Care Advisor** as:

1. being unable to perform (without **Substantial Assistance** from another individual) at least 2 out of 6 **Activities of Daily Living** for a period of *at least 90 days* due to a loss of functional capacity; or,
2. requiring **Substantial Supervision** to protect such individual from threats to health and safety due to **Severe Cognitive Impairment**.

Covered Expenses

Covered Expenses are charges incurred for **Qualified Long-Term Care Services** that are reimbursed subject to the **Benefit Eligibility Requirements** and other applicable terms of this Policy.

Daily Benefit Maximum

The **Daily Benefit Maximum** is the maximum amount that **We** will pay for **Covered Expenses** incurred per day, for Nursing Facility Care or Home and Community-Based Care.

Your Daily Benefit Maximums are shown on the **Policy Schedule** page.

Durable Medical Equipment

Durable Medical Equipment is equipment that meets all of the following tests:

1. it can withstand repeated use;
2. it is designed and used only to assist with **Activities of Daily Living** or to treat a sickness or injury;
3. it has no value, other than incidental value, to **You** or **Your** family in the absence of the condition for which it is intended;
4. it is not an item commonly found in households;
5. it is not sporting or athletic equipment; and,
6. it is not intended solely for the convenience of **You** or **Your** family.

Durable Medical Equipment include:

1. walkers
2. wheelchairs
3. hospital beds
4. infusion pumps
5. ramps to permit movement from one level of the residence to another
6. grab bars

Hands-on Assistance

Hands-on Assistance means that **You** require the physical assistance of another person without which **You** would be unable to perform the **Activities of Daily Living**.

Terms You Should Know (Continued)

Home Health Care

Home Health Care refers to services that are provided to a patient in his or her home. Services rendered may include:

1. providing assistance with **Activities of Daily Living**; or
2. providing supervision or safeguarding a patient due to **Severe Cognitive Impairment**; or
3. providing necessary health, medical, or personal care services such as physical therapy, speech therapy, respiratory therapy, home health aide services, nutritional services, personal hygiene services; or
4. providing home **Hospice Services**; or
5. providing homemaker services, including assistance with cleaning; laundry services; food shopping; meal preparation; transportation to accompany the insured to and from medical appointments; and administering medications.

Home Health Care Agency

A **Home Health Care Agency** is primarily engaged in providing nursing care or **Personal Care** in the home and is licensed or certified by the appropriate licensing authority in that state to provide such services.

Hospice Facility

A **Hospice Facility** is a facility that provides a formal program of care for terminally ill individuals on an in-patient basis and is directed by a physician.

Hospice Services

Hospice Services are in-patient or out-patient services not paid by **Medicare**, that are designed to provide palliative care, and to alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to a terminal disease.

Immediate Family

Immediate Family refers to an insured's spouse, child (natural, step or adopted), parent, sibling, grandchild, in-law, or anyone who resides in the insured's home.

Lifetime Benefit Maximum

The **Lifetime Benefit Maximum** is the maximum amount that **We** will pay for all **Covered Expenses** under this Policy. The amount of **Your Lifetime Benefit Maximum** will be reduced by all payments made for **Covered Expenses** except for those associated with the **Care Management Benefit**. The **Lifetime Benefit Maximum** is shown in the **Policy Schedule**.

If **You** choose the Unlimited Benefit Period option, **Your Lifetime Benefit Maximum** will not increase, be reduced or exhausted by **Covered Expenses**. Other limits, such as the Daily Benefit Maximums still apply.

Terms You Should Know (Continued)

Maintenance or Personal Care Services

Maintenance or Personal Care Services means any care for which the primary purpose is to provide needed assistance with any of the disabilities that resulted from an individual being a **Chronically Ill Individual** (including protection from threats to health and safety due to **Severe Cognitive Impairment**).

Medicaid

Medicaid refers to a program provided by the joint federal-state public assistance (welfare) program which provides payment for health care services to those with low incomes or with very high medical bills relative to income and assets. This program was established by Title XIX of the Social Security Amendments and is administered by the states.

Medicare

Medicare refers to the reimbursement system as discussed under Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Nurse

A **Nurse** is a registered professional nurse (R.N.) or a licensed practical nurse (L.P.N.).

Nursing Home/Nursing Facility

A **Nursing Home/Nursing Facility** is a facility that is licensed or legally authorized to be a **Nursing Home/ Nursing Facility** in accordance with the laws of the state in which it operates. A **Nursing Home/ Nursing Facility** provides 24-hour nursing services; or a distinctly separate part of a hospital and has:

1. a planned program of policies and procedures that is developed with the advice of, and is periodically reviewed and executed by, a professional group of at least one physician and one registered nurse (R.N.);
2. a doctor available to furnish medical care in case of emergency;
3. at least one **Nurse** who is employed there full time (or at least 24 hours per week if the facility has less than 10 beds);
4. a **Nurse** on duty or on call at all times;
5. clinical records for all patients; and,
6. appropriate methods and procedures for handling and administering drugs and biologicals.

Services provided may include: nursing care, personal care, physical therapy, speech therapy, respiratory therapy, nutritional services, or personal hygiene services.

A **Nursing Home/Nursing Facility** does not include: retirement communities; rest homes; homes for the aged; sheltered living accommodations; residence homes; homes for the mentally retarded, the mentally ill, or for the blind or the deaf; a hotel; a domiciliary care home; or a residence or home for alcoholics or drug abusers.

Terms You Should Know (Continued)

Personal Care

Personal Care means the provision of hands-on services to assist **You** with **Activities of Daily Living.**

Plan of Care

A **Plan of Care** is a written document that is prepared by and signed by a **Care Advisor** that specifies prescribed **Qualified Long-Term Care Services** and treatments that are consistent with an **Assessment** of **Your** ability to perform **Activities of Daily Living** and basic cognitive functions.

A **Plan of Care** must be prepared in accordance with accepted standards of practice and must contain services or treatments that could not be omitted without adversely affecting the insured's illness or condition.

Qualified Long-Term Care Services

Qualified Long-Term Care Services refers to necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and **Maintenance or Personal Care Services**, that are:

1. required by a **Chronically Ill Individual**; and,
2. provided pursuant to a **Plan of Care** prescribed by a **Care Advisor**.

Representative

A **Representative** is a person or entity legally empowered to represent **You**.

Respite Care

Respite Care refers to services **Yo**u need during the time that **Your** primary caregiver (a member of **Your Immediate Family** or an unpaid primary caregiver) is unable to care for **You**.

Respite Care can be received at home or in a nursing home or nursing facility.

Severe Cognitive Impairment

Severe Cognitive Impairment refers to a loss or deterioration in intellectual capacity that is:

1. comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and,
2. measurable by clinical evidence and standardized tests that reliably measure impairment in the individual's:

    a. short-term or long-term memory;
    b. orientation as to people, places, or time; and,
    c. deductive or abstract reasoning; and
    d. judgement as it relates to safety awareness.

Terms You Should Know (Continued)

Standby Assistance	**Standby Assistance** means having the presence of another person within **Your** arm's reach that is necessary to prevent, by physical intervention, injury to **You** while **You** are performing an **Activity of Daily Living** (such as being ready to catch **You** if **You** fall while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from **Your** throat if **You** choke while eating).
Substantial Assistance	**Substantial Assistance** means **Hands-On Assistance** or **Standby Assistance**.
Substantial Supervision	**Substantial Supervision** means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired individual from threats to his or her safety (such as may result from wandering).

BENEFIT ELIGIBILITY REQUIREMENTS

Benefit Eligibility

You are eligible for benefits when all of the following conditions have been met:

1. this Policy is in force;
2. a **Care Advisor** has assessed that **You** are a **Chronically Ill Individual**;
3. **You** have completed the **Benefit Waiting Period**, if any; and,
4. **Your** expenses for care are **Covered Expenses**.

Limitations

This Policy contains a one-time only **Benefit Waiting Period**. This means that **You** only have to satisfy the **Benefit Waiting Period** once during the lifetime of **Your** policy.

Your Benefit Waiting Period begins on the date **Our Assessment** establishes **Your** inability to perform two or more **Activities of Daily Living** or due to **Severe Cognitive Impairment**.

To satisfy the **Benefit Waiting Period**, **You** are required to incur expenses for **Nursing Facility Care** or **Home and Community-Based Care** at least as often as twice every seven days within **Your** elected **Benefit Waiting Period.**

The **Benefit Waiting Period** does *NOT* apply to **Respite Care**, **Care Management**, **Caregiver Training**, or the **Emergency Response System**.

We will *NOT* pay benefits for expenses incurred on the same day for both **Nursing Facility Care** and **Home and Community-Based Care.**

If **You** are eligible to receive **Nursing Facility Care Benefits** and **Home and Community-Based Care Benefits** on the same day, the maximum daily amount that **We** will pay will be the largest **Daily Benefit Maximum** for:

1. **Nursing Facility Care**; OR
2. **Home and Community-Based Care.**

POLICY BENEFITS

NURSING FACILITY CARE BENEFITS

The maximum amount that **We** will pay for each day of **Covered Expenses** incurred as an overnight resident in:

1. a **Nursing Home/Nursing Facility**; or
2. an **Assisted Living Facility**; or
3. an **Alzheimer's Facility**; or
4. a **Hospice Facility**; and
5. for **Bed Reservation**

will be equal to the lesser of:

1. the Nursing Facility Care Daily Benefit Maximum, as shown in the **Policy Schedule**; or
2. the actual daily charge.

BED RESERVATION BENEFIT

This benefit is designed to hold **Your** bed should **Your** stay in a **Nursing Home/Nursing Facility**, **Assisted Living Facility**, **Alzheimer's Facility** or **Hospice Facility** be temporarily interrupted.

The maximum amount that **We** will pay for each day of **Bed Reservation** will be equal to the lesser of:

1. the Nursing Facility Care Daily Benefit Maximum; or
2. the actual daily charge.

The maximum number of days that **We** will pay for **Bed Reservation** is 30 days in any 12 month period.

If **Your Policy Schedule** shows a dollar amount for the **Lifetime Benefit Maximum**, **Your** available **Lifetime Benefit Maximum** will be reduced by the amount paid for the **Nursing Facility Care Benefit** and the **Bed Reservation Benefit**.

HOME AND COMMUNITY-BASED CARE BENEFITS

The maximum amount that **We** will pay for each day that **Covered Expenses** are incurred for **Home Health Care** or **Adult Day Care** services will be equal to the lesser of:

1. the Home and Community-Based Care Daily Benefit Maximum, as shown in the **Policy Schedule**; or
2. the actual daily charge.

If **Your Policy Schedule** shows a dollar amount for the **Lifetime Benefit Maximum**, **Your** available **Lifetime Benefit Maximum** will be reduced by the amount paid under this benefit.

NOTE:
1. **Adult Day Care** services must be rendered under the direction of an **Adult Day Care Center**.
2. **Home Health Care** services may be rendered under the direction of a **Home Health Care Agency** or by a licensed or certified home health care provider (e.g., a home health aide) who is *NOT* affiliated with a **Home Health Care Agency.**

If **You** use a licensed or certified home health care provider who is *NOT* affiliated with a **Home Health Care Agency**, both the provider and the services rendered must be approved by **Us** and a **Care Advisor**.

SUPPLEMENTAL BENEFITS

Care Management

Care Management is a service designed to help **You** when **You** are making decisions about long-term care, the care **You** need and **Your** options for meeting those needs.

Services provided by **Care Management** are furnished through a **Care Management Organization** and include:

1. designing a **Plan of Care** that will match **Your** long-term care needs with available resources and care providers in **Your** community;
2. reviewing **Your** long-term care needs at least annually; and
3. revising, if necessary, the **Plan of Care**.

The **Care Management** benefit is completely voluntary. **You** are *NOT* required to use or to follow the recommendations provided by the **Care Management Organization**.

Expenses for **Care Management** are paid entirely by **Us** and will *NOT* reduce **Your Lifetime Benefit Maximum**.

The **Benefit Waiting Period** does *NOT* have to be met in order to receive this benefit.

Caregiver Training

Caregiver Training is designed to teach a person who is designated by **You** to assist **You** in such areas as:

1. the proper use and care of therapeutic devices;
2. the proper use or disposal of medical aids; and
3. the changing of wound dressings or re-positioning in bed.

The lifetime maximum amount that **We** will pay for **Caregiver Training** is five times the Nursing Facility Care Daily Benefit Maximum.

If **Your Policy Schedule** shows a dollar amount for the **Lifetime Benefit Maximum**, **Your** available **Lifetime Benefit Maximum** will be reduced by the amount paid under this benefit.

Respite Care

The maximum number of days that **We** will pay for **Covered Expenses** for **Respite Care** is 24 days in any 12 month period.

The maximum amount that **We** will pay for each day of **Respite Care** received at home or in an **Adult Day Care Center** will be equal to the lesser of:

1. the Home and Community-Based Care Daily Benefit Maximum, as shown in the **Policy Schedule**; or
2. the actual daily charge.

The maximum amount that **We** will pay for each day of **Respite Care** received in a Nursing Home/Nursing Facility will be equal to the lesser of:

1. the Nursing Facility Care Daily Benefit Maximum, as shown in the **Policy Schedule**; or
2. the actual daily charge.

If **Your Policy Schedule** shows a dollar amount for the **Lifetime Benefit Maximum**, **Your** available **Lifetime Benefit Maximum** will be reduced by the amount paid under this benefit.

Durable Medical Equipment

This benefit provides for the rental of **Durable Medical Equipment**; it does *NOT* provide for the purchase of medical supplies or devices; however, if it is more economical to purchase rather than rent the **Durable Medical Equipment**, **We** may pay for such a purchase(s).

To be eligible for this benefit, prior written certification is required by **Your** physician (or by a licensed medical professional) and by a **Care Advisor** stating that:

1. the Equipment is appropriate for **Your** needs; and,
2. the Equipment is expected to allow **You** to continue to stay in **Your** home for at least ninety days with its use.

The lifetime maximum amount that **We** will pay for **Covered Expenses** incurred for **Durable Medical Equipment** is fifty times the Nursing Facility Care Daily Benefit Maximum.

If **Your Policy Schedule** shows a dollar amount for the **Lifetime Benefit Maximum**, **Your** available **Lifetime Benefit Maximum** will be reduced by the amount paid under this benefit.

Emergency Response System

An **Emergency Response System** means a communication system that is: (a) installed in a person's home; and, (b) is used to call for assistance in the event of a medical emergency.

The maximum amount that **We** will pay for **Covered Expenses** incurred for an **Emergency Response System** is $35 per month, for a maximum of 36 months, and an initial installation fee up to $75.

We will *NOT* pay for any expenses for normal telephone services or for a home security system.

If **Your Policy Schedule** shows a dollar amount for the **Lifetime Benefit Maximum**, **Your** available **Lifetime Benefit Maximum** will be reduced by the amount paid under this benefit.

Alternate Care Services

Alternate Care Services refers to **Qualified Long-Term Care Services** which are not otherwise defined under **Nursing Facility Care Benefits** or **Home and Community-Based Care Benefits**.

Eligibility for reimbursement of **Alternate Care Services** are subject to the following conditions:

1. A **Care Advisor** has developed and submitted to **Us** a **Plan of Care** that has been agreed to by **You** or **Your Representative**, **Your** physician, and **Us**; and
2. **We** have determined that the **Alternate Care Service(s)** is an appropriate and cost-effective alternative to the benefit(s) otherwise covered under this Policy.

The maximum amount that **We** will pay for **Covered Expenses** for each day of **Alternate Care Services** if **You** are confined as an overnight resident in an approved nursing facility will be equal to the lesser of:

1. the Nursing Facility Care Daily Benefit Maximum, as shown in the **Policy Schedule**; or
2. the actual daily charge.

The maximum amount that **We** will pay for **Covered Expenses** for each day of **Alternate Care Services** received at home or in a community-based setting will be equal to the lesser of:

1. the Home and Community-Based Care Daily Benefit Maximum, as shown in the **Policy Schedule**; or
2. the actual daily charge.

If **Your Policy Schedule** shows a dollar amount for the **Lifetime Benefit Maximum**, **Your** available **Lifetime Benefit Maximum** will be reduced by the amount paid under this benefit.

POLICY LIMITATIONS AND EXCLUSIONS

Expenses for the following types of care are *NOT* **Covered Expenses** and are excluded under the terms and conditions of this Policy:

1. care which is provided by a member of **Your Immediate Family;**

2. care which is or usually would be rendered free of charge if this Policy were not in effect;

3. care which is required because of an attempt at suicide or intentionally self-inflicted injury whether sane or insane;

4. care which is required because of war or act of war, whether declared or undeclared;

5. to the extent permissible by law, care for which benefits are provided under:

   a. **Medicare**;
   b. Other governmental programs, except Medicaid;
   c. Workers' Compensation;
   d. Employer's Liability Programs; or,
   e. Occupational Disease Law;

6. care which is provided in an institution licensed primarily to care for patients with mental illness, to house the mentally retarded, or to treat or rehabilitate individuals with alcohol and drug addictions; and,

7. care received outside of the United States and its possessions.

CLAIMS INFORMATION

Notice of Claim

Notice of claim must be received by **Us** within six months of when **You** incur **Covered Expenses** or as soon after as reasonably possible.

To help facilitate payment of benefits, **You** or **Your Representative** should contact **Us** immediately by calling: 1-800-223-1200; OR by writing to **Us** at: 730 Third Avenue, New York, NY 10017-3206. Written documentation should include:

1. **Your** name and address;
2. **Your** Policy number, as shown in the Policy Schedule page;
3. the occurrence, character, and extent of **Your** loss;
4. the names and addresses of the care providers who are aware of **Your** condition; and
5. the time periods for which **You** are claiming benefits.

Claim Forms

We may require that **You**, **Your Representative**, or a person or organization that is providing care to **You** complete forms that will be used in an **Assessment**. If **We** do not furnish any such forms within fifteen days after receiving **Your** claim, **You** will be deemed to have complied with **Our** requirement for proof of loss by submitting suitable written proof covering the occurrence, character, and extent of the loss for which **Your** claim is being made.

Proof of Loss

Proof of loss must be furnished as soon as reasonably possible, but no later than two years from the date a **Covered Expense** is incurred, except in the absence of legal capacity. Written proof of loss includes notice of claim and the itemized bills for **Covered Expenses**

Physical Examinations/ Assessment

We have the right to have **You** examined, at **Our** expense, as often as reasonably necessary while a claim is pending.

After **We** receive Notice of Claim, **Our Care Advisor** will perform an **Assessment**. This **Assessment** will be paid for by **Us**. **We** will *NOT* pay benefits until the **Assessment** is done and **Your** eligibility for benefits is determined.

If **We** require additional information in order to provide evidence of **Your** cognitive or functional status, **We** will request permission to contact **Your** physician or other care providers who are familiar with **Your** condition.

If **You** refuse to cooperate with **Our** request for an **Assessment** or deny permission to contact others familiar with **Your** condition, eligibility for reimbursement of **Covered Expenses** will be denied.

Physical Examinations/ Assessment (Continued)

We will at least annually perform an **Assessment** at **Our** expense to determine **Your** benefit eligibility. When **We** have paid benefits to **You** for two continuous years, **We** will not require an **Assessment** more often than once per year.

Time of Payment of Claims

After receiving written proof of loss, **We** will pay monthly all benefits then due for **Nursing Facility Care Benefits** or **Home and Community-Based Care Benefits.** Benefits for any other loss covered by this Policy will be paid as soon as **We** receive proper written proof.

Payment of Claims

We will notify **You** or **Your Representative** of **Our** decision to confirm or deny payment of benefits. Except for direct payments to care providers that are authorized by **You** in writing, reimbursement of **Covered Expenses** will be paid to **You**. Any direct payment **We** make in good faith will fully discharge **Our** liability under this policy for the payment of that benefit.

At **Your** death, any benefits unpaid will be paid according to the following priority: (1) direct payments due to care providers; (2) **Your** spouse, if living; (3) **Your** estate. **We** reserve the right to pay up to $1,000 of such benefits otherwise payable to **Your** estate to someone related to **You** by blood or marriage who we deem to be an appropriate person to receive such payment. **We** will be discharged to the extent of any such payment made in good faith.

For persons eligible for medical assistance, the Department of Medical Assistance Services shall be the payor of the last resort with regard to benefits payable.

How to Appeal a Claim Decision

If **You** believe **Our** claim decision is in error, **You** or **Your Representative** should send **Us** a full explanation (no special form needed) that tells **Us** why **You** feel **We** should change **Our** decision. Include the names, addresses, and phone numbers of any provider(s) who **You** think **We** should contact to learn more about **Your** health and the care **You** received.

Once **We** complete **Our** review, **We** will notify **You** in writing and pay any benefits then due as a result of **Our** reconsideration.

Erroneous Payment(s)of Benefits

If **We** have made payments that are not required by the Policy, such payments must be promptly returned to **Us**. If such payments are not repaid, **We** will reduce future benefit payments otherwise due under this Policy as repayment or take any other legal action **We** deem necessary.

PREMIUMS

When Premiums are Due

The first premium payment is due on the Policy Effective Date. Premiums, after the first, are due annually, semiannually, quarterly, monthly or for any other period which **We** and **You** have agreed upon. The premiums and how often premiums are to be paid are shown in the Policy Schedule page. All premiums are payable at **Our** Home Office or as otherwise instructed by **Us** in writing.

Waiver of Premium

While **Your** policy is in force, **We** will waive premium payments which fall due once **You** have satisfied these conditions:

(1) **You** have completed the **Benefit Waiting Period;** and, (2) **You** are receiving **Nursing Facility Care Benefits** or **Home and Community-Based Care Benefits.**

Once **You** become eligible for the **Waiver of Premium, We** will refund premium(s) paid for any period during which the **Waiver of Premium** is in effect.

We will stop waiving **Your** premium(s) when **You** are no longer receiving **Nursing Facility Care Benefits** or **Home and Community-Based Care Benefits** for 30 consecutive days.

To cover the period of time from when the **Waiver of Premium** ends to the due date of **Your** next regularly scheduled premium, **You** will be charged a pro-rata portion of **Your** premium.

NOTE: The **Waiver of Premium** will *NOT* apply during the time **You** are *ONLY* receiving the **Respite Care** benefit, the **Care Management** benefit, the **Caregiver Training** benefit, or the **Emergency Response System** benefit.

65 Day Grace Period/Lapse

If any premium is not paid on or before the date it is due, it may be paid during the **65 Day Grace Period** which begins on the day after the date the premium is due.
The Policy will remain in effect during the **65 Day Grace Period.**

Your Policy cannot be Lapsed or be terminated for nonpayment of premium unless **We** provide **You** and **Your** designee, if **You** elected the **Third Party Notification Option**, with notice of Lapse at least 30 days before the effective date of Lapse or termination. Thirty days after **Your** premium is due and unpaid **We** will provide **You** and **Your** designee with this notice of Lapse or termination. **We** will send this notice by First Class United States Mail, postage prepaid to the address(es) as last shown in our records. **You** and **Your** designee will be deemed to receive this notification five business days after it is mailed.

If the premium is not paid by the end of the **65 Day Grace Period,** the Policy will be terminated (Lapse) on the last day of the **65 Day Grace Period.**

Third Party Notification Option

To avoid the unintentional **Lapse** or termination of **Your** policy for nonpayment of premium, **You** may designate a person, in addition to **Yourself**, to be notified by **Us** when **Your** premium is overdue.

You have the right to change **Your** designee at any time by notifying **Us**.

Extension of Benefits

Termination of **Your** Policy shall be without prejudice to any benefits payable for institutionalization if the institutionalization began while **Your** Policy was in force and continues without interruption after termination. The **Extension of Benefits** beyond the period **Your** Policy was in force is limited to the duration of the benefit period, if any, or to payment of the maximum benefits and is subject to the **Benefit Waiting Period**, and all other applicable provisions of the Policy.

Reinstatement

If this policy has Lapsed for non-payment of premium, it may be put back in force (reinstated) within one year of the date of Lapse after **We** receive the following:

1. a properly completed application for **Reinstatement;**
2. proof of insurability satisfactory to **Us**; and,
3. payment of all premiums due if **Your** application has been approved.

You will be notified in writing whether **Your** application for **Reinstatement** has been approved. If **We** do not give **You** this notice within 45 days after **We** receive the above items, **Your** insurance will be **Reinstated**.

Merely remitting a premium will not **Reinstate** this Policy. Any premium remitted without an application for **Reinstatement** will be refunded.
NO benefits are payable for **Covered Expenses** that were incurred during a Lapse prior to **Reinstatemen**t.

Reinstatement Due to Unintentional Lapse

If **Your** Policy lapsed due to non-payment of premiums, **You** or **Your Representative** may request that **Your** Policy be **Reinstated** by providing **Us** with proof that **You** are unable to perform two or more **Activities of Daily Living** or **You** suffered **Severe Cognitive Impairment** before the **65 Grace Period** ended and by submitting all past-due premiums. The request for **Reinstatement** must be made within nine months after **Your** coverage has Lapsed. If **Your** Policy is **Reinstated**, **We** will treat this Policy as if there had been no Lapse in coverage.

GENERAL PROVISIONS

The Contract

This Policy, including **Your** application and any attached papers, represents the entire contract between **You** and **Us**. No change in this Policy will be effective unless it is made in writing and is approved by an executive officer or registrar of TIAA-CREF Life.

Any change must also be approved by **You** or be required by law, unless **We** have the right to make the change on **Our** own. This contract is governed by the state in which it was issued as of the Policy Effective Date shown on the **Policy Schedule** page.

Benefit Changes

You may be eligible to make changes to **Your** benefits. All changes must be approved by **Us** in writing and may require proof of insurability satisfactory to **Us**. Changes to benefits may impact **Your** premiums. Contact **Us** for details.

Misstatement of Age

If **Your** age has been misstated in **Your** application, any amounts payable under this Policy will be the amount that the premiums paid would have purchased at the correct issue age. If, based on **Your** true age, **We** would not have issued this Policy, this Policy will be void and **We** will only be liable for the refund of all premiums **You** paid, less any benefits **We** paid.

Incontestability - Time Limit On Certain Defenses

Our right to contest this Policy is limited as follows:

1. If this Policy has been in force for less than six months, **We** may rescind the Policy or deny an otherwise valid claim upon showing of misrepresentation that is material to **Our** acceptance for coverage.
2. If this Policy has been in force for at least six months but less than two years, **We** may rescind the Policy or deny an otherwise valid claim upon showing of misrepresentation that is material to acceptance for coverage and which pertains to the condition for which benefits are sought.
3. After this Policy has been in force for two years, it is not contestable upon grounds of misrepresentation alone; **We** may contest the Policy only upon showing that the insured knowingly and intentionally misrepresented relevant facts relating to the insured's health.

When Your Coverage Begins

Coverage under this Policy begins on the Policy Effective Date shown in the Policy Schedule page beginning 12:01 AM in the time zone in which **You** reside.

When Your Coverage Ends

Your coverage ends as of 11:59 PM (in the time zone in which **You** reside) and when one of the following occurs:

1. **Your** Death. This insurance will automatically terminate on the date of **Your** death. **We** will refund to **Your** estate the pro-rata premium paid for coverage after the date of **Your** death within 30 days of the effective date of the termination of **Your** Policy.

2. Benefits Are Exhausted. This insurance will automatically terminate if **Your Lifetime Benefit Maximum** has been exhausted.

3. Lapse Due To Non-payment Of Premium. This insurance will automatically terminate upon Lapse as indicated in the **"PREMIUMS"** section.

4. Cancellation or Termination. If this Policy is cancelled by **Us** or terminated by **You**, **We** will refund the unearned portion of any premium paid on a pro rata basis. Such premium will be refunded to **You** within thirty days of the effective date of such cancellation or termination.

Legal Action Against Us

You cannot sue **Us** to obtain benefits under this Policy before 60 days after written proof of eligibility for benefits has been given as required by this Policy. **You** cannot sue **Us** at all under this Policy unless suit is brought within three years from the time written proof of eligibility for benefits is required to be given.

Cash/Loan Value

This Policy has no cash or loan value.

TIAA-CREF Life Insurance Company
730 Third Avenue
New York, NY 10017-3206
212 490-9000 1 800 223-1200

AGREEMENT FOR PERIODIC INFLATION ADDITIONS RIDER

Insured: **Initial CPI:**
Policy Number:
Policy Effective Date: **Rider Effective Date:**

This Rider is attached to and made part of the Policy that was issued to **You** by TIAA-CREF Life Insurance Company. The rights provided by this Rider are subject to the terms and conditions of this Rider and the Policy. This Rider is effective as of the Rider Effective Date shown above.

This **Agreement For Periodic Inflation Additions Rider** helps offset inflation in the cost of long-term care. It provides **You** with the option to purchase additional amounts of long-term care insurance coverage in the form of increases to **Your Daily Benefit Maximums** and **Your Lifetime Benefit Maximum**. **We** call these increases **Inflation Additions**. **Inflation Additions We** offer will be based on the Consumer Price Index (**CPI**).

If **You** chose the "Unlimited Benefit Period" option for the **Lifetime Benefit Maximum**, no adjustment to **Your Lifetime Benefit Maximum** will be necessary.

When the Inflation Additions Become Effective

Except as otherwise provided in this Agreement, each year that **Your** Policy (hereafter **"Base Policy"**) is in force, **We** will offer **You** an **Inflation Addition**. Before each anniversary of the Policy Effective Date, **We** will offer **You** an **Inflation Addition** and notify **You** of the cost associated with it. If **You** accept an **Inflation Addition**, it will take effect on the anniversary of **Your** Policy Effective Date as stated in the offer. **Inflation Additions** become effective only on anniversaries of **Your** Policy Effective Date and upon payment of the required premium.

Inflation Additions Are Voluntary

When **We** offer **You** an **Inflation Addition** according to the terms of this Rider, **You** may refuse the offer. If **You** refuse the offer, that particular **Inflation Addition** will not be available again.

How Long Will We Offer Inflation Additions

We will continue to offer **You Inflation Additions** until **You** refuse three consecutive offers. After **You** refuse the third consecutive offer, **We** will stop offering **You Inflation Additions**. **We** will *NOT* offer **You Inflation Additions** while **You** are completing **Your Benefit Waiting Period** or while **You** are receiving the benefits and services listed in **Your** Policy. Also, **We** will stop offering **You Inflation Additions** in accordance with the provision "**When Your Coverage Ends**" of **Your Base Policy**.

Increases to Your Daily Benefit Maximums

If **You** accept an **Inflation Addition** offer, **We** will increase **Your Base Policy's Daily Benefit Maximums**. The increase is calculated by multiplying the then current **CPI Factor** by the **Aggregate Daily Benefit Maximum** then in effect. If the amount of this increase is not a whole dollar amount, it will be rounded up to the next whole dollar. These terms are defined in the DEFINITIONS section.

Increases to Your Lifetime Benefit Maximum

If **You** accept an **Inflation Addition** offer, before **We** increase **Your Lifetime Benefit Maximum**, it will be reduced by benefits **We** paid for **Covered Expenses** incurred before the Policy's anniversary. Then, if **You** accept an **Inflation Addition** offer, **We** will increase **Your** Policy's remaining **Lifetime Benefit Maximum**. The increase is calculated as follows:

Take the increase to Your Daily Benefit Maximums mentioned in the prior paragraph	Multiplied By Your	Initial Lifetime Benefit Maximum / Initial Nursing Facility Care Daily Benefit Maximum

If **You** chose the "Unlimited Benefit Period" option for the **Lifetime Benefit Maximum,** no adjustment to **Your Lifetime Benefit Maximum** will be necessary.

Premiums

Each **Inflation Addition** will have a premium cost associated with it. Premiums for **Inflation Additions** that are newly offered will be based on **Your** attained age and the table of premium rates in effect at the time the offer is made. Premiums for **Inflation Additions** that have already been accepted will become a part of the premium for **Your Base Policy's** insurance coverage, and will not increase as your age increases. These costs will *NOT* be reflected in **Your Policy Schedule** page.

When Premiums are Due

Premiums for each accepted **Inflation Addition** will be due on the same premium due dates as **Your Base Policy**.

Inflation Additions Remain In Force

All accepted **Inflation Additions** will remain in force as long as premiums for the **Base Policy** and this Rider continue to be paid as they fall due.

If the Definition of CPI Changes

If the United States Department of Labor is replaced by another agency as publisher of the **CPI**, **We** will use the index published by this other agency. If the base year of the **CPI** changes after the date of this Rider, **We** will adjust the **Initial CPI** to the new base. If the **CPI** is no longer published or, in **Our** opinion, is no longer suitable for use for this Rider**, We** will compute the **CPI Factor** in a manner acceptable to both **Us** and the insurance department of the jurisdiction in which this Rider is issued.

DEFINITIONS

Aggregate Daily Benefit Maximum	The sum of the **Daily Benefit Maximum** for the type of care appearing on the Policy Schedule page of **Your** Policy and the increases to the **Daily Benefit Maximums** (for that same type of care) generated by this Rider and previously accepted.
Base Policy	The Policy to which this Rider is attached.
CPI	The Consumer Price Index - All Urban Consumers, published by the United States Department of Labor.
CPI Factor	The **CPI Factor** is a measure of how inflation changed over the past year. It is used to calculate each year's **Inflation Addition** offer. The **CPI Factor** is computed by subtracting the **Prior CPI** from the **Current CPI,** and dividing the result by the **Prior CPI.** If the result is less than zero, then the **CPI Factor** will be set equal to zero.
Current CPI	The **CPI** for June of the calendar year ending just prior to the most recent anniversary of the Policy Effective Date of **Your Base Policy**.
Inflation Addition	The annual increases offered to the **Daily Benefit Maximums** as well as the **Lifetime Benefit Maximum** of **Your Base Policy**. **Inflation Additions** are layers of long-term care insurance which may be added to **Your Base Policy**. If **You** chose the "Unlimited Benefit Period" option for the **Lifetime Benefit Maximum**, no adjustment to **Your Lifetime Benefit Maximum** will be necessary.
Initial CPI	The **CPI** for June of the calendar year prior to the Rider Effective Date.
Prior CPI	The **CPI** for June twelve months before the **Current CPI**.

President

Metropolitan Life Insurance Company
as insurer or MetLife Services and Solutions, LLC as administrator
for TIAA-CREF Life Insurance Company and Teachers Insurance
and Annuity Association of America*
P.O. Box 990028
Hartford, CT 06199-0028
Hartford. CT 06199-0028

MetLife LTC Operations

Reference#:[Enter Distribution or Group#]
Policy #:[Enter Number]

[Mail Date]

[Enter Name]
[Address]
[Enter City, state and zip]

Offer ends [Enrollment End Date].

Please call MetLife at 1-888-748-4824 if you have any questions.

Optional Inflation Coverage Increase Offer – Please review

Why we're contacting you
For a limited time, you have the opportunity to increase your long-term care coverage without answering any medical questions.

What you need to know
You have until [Enrollment End Date] to accept the increase outlined below. This increase is based on the Consumer Price Index of 2.9 % (in some states, a 5% increase may be applicable). If you accept the increase, your increased coverage and higher premium amount will become effective on [**Effective Date**]. If you choose not to elect this offer, you do not need to take any further action.

	Current Coverage	Coverage Increase Offer
Daily Benefit for Nursing Home Care	$[CURRENT BA]	$[NEW BA]
Daily Benefit for Home Care	$[CURRENT HOMECARE BA]	$[NEW HOMECARE BA]
Premium Amount*	$[CURRENT MODAL PREMIUM]	$[NEW MODAL PREMIUM]

*Premium amounts reflect your current bill frequency.

What you need to do
To accept the increase, please call 1-888-748-4824, Monday through Friday, 8:00 a.m. to 11:00 p.m. Eastern Time.
(You will receive an updated Schedule of Benefits confirming the requested increase.)

What will happen if we don't hear from you
If you do not accept the inflation offer, then your benefit level amounts and premiums will not change. Please note that your inflation provision may require that you accept a certain number of consecutive offerings made to you, in order to remain eligible for future inflation offerings or may have other restrictions. Please refer to the inflation provision in your policy for details and requirements.

* Metropolitan Life Insurance Company ("MetLife") is the insurer only for those TIAA-CREF Life Insurance Company ("T-C Life") and Teachers Insurance and Annuity Association of America ("TIAA") policyholders who have accepted the transfer of their Long-Term Care coverage to MetLife. MetLife Services and Solutions, LLC is the administrator for all other T-C Life and TIAA policyholders.

Did you Know

You now have access to importan forms, documents, resources and answers to your frequently asked questions. Visit our website at **www.metlife.com/ltc.today**.

We're here to help

If you have questions or are interested in the cost of care in your area, you can reach us at 1-888-748-4824. Our Customer Service Center is open Monday through Friday from 8:00 a.m. to 11:00 p.m. Eastern Time.

Additional information

- Refer to the optional inflation increase (CPI) rider of your policy for complete details and any restrictions concerning this inflation offer.

- As you consider this offer, it is important that you be aware that as allowed under the terms of your policy and subject to any applicable state insurance department approval, **MetLife has the right to increase the premium for your Long-Term Care Insurance coverage, including any additional premiums for inflation offers you accept.** You will be notified before any increase will take effect.

TIAA-CREF Life Insurance Company
730 Third Avenue, New York, NY 10017-3206
212 490-9000 1-800 842-2733

Nancy Cino
Insurance Compliance Manager
1 800 842-2733 ext. 2769
Fax: 212 916-5645
ncino@tiaa-cref.org

September 7, 2001

Mary Ann Mason, FLMI, AIE, HIA
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Virginia Bureau of Insurance
State Corporation Commission
1300 East Main Street
Richmond, VA 23219

SEP 2001
SCC - Bureau of Insurance VA
Forms & Rates Sec
L & H Division

TIAA-CREF 10 6 '01 PM 5:40

Re: Submission no. 007 0000013583
Form number TCL-LTC.04(VA) et al
Your letter dated July 20, 2001
TIAA-CREF Life Insurance Company
NAIC ID: 60142 FEIN NO.: 13-3917848

DATE 10/1/01
BY

Dear Ms. Mason:

This is in response to your filing objection letter (enclosed) of July 20, 2001 on the above-mentioned filing.

We are enclosing another copy of the Schedule of additional benefits and premiums (TCL-LTC-SUPP.04) which serves as a confirmation when an insured elects to increase the Daily Benefit Maximums. Also enclosed is another copy of the Supplemental Schedule of benefits and premiums (TCL-LTC-SUPP-OL.04) which serves the same purpose for the Outline of Coverage.

As requested, we have removed the edition date (Ed. 4/00) from all the forms. In accordance with 14 VAC 5-100-50 3, all forms are being forwarded in final print.

Following is a list of all the forms enclosed in this package (in duplicate):

TCL-LTC.04(VA) – Individual Long Term Care policy
TCL-LTC-OL.04(VA) – Outline of Coverage
TCL-LTC-APP.04(VA) – Application
PWS-TCL.4(VA) – Personal Worksheet (1 final print and 1 photocopy)
TCL-LTC-Amend.04 – Amendment to Application
TCL-LTC-CPI.04 – Amendment for Periodic Inflation Additions Rider
TCL-LTC-INF-REJ.04 – Rejection of "5% Compound" Inflation Protection Option

0503240840401

Mary Ann Mason, FLMI, AIAA
Virginia Bureau of Insurance

TCL-LTC-5UNC.04 – Inflation Protection Option Rider
TCL-LTC-SBP.04 – Nonforfeiture Benefit Option Rider
TCL-LTC-SPD.04 – Spousal Discount
TCL-LTC-CB.04 – Contingent Benefit Upon Lapse Rider
TCL-LTC-SUPP.04 – Schedule for Additional Benefits and Premiums
TCL-LTC-SUPP-OL.04 – Supplemental Schedule for Additional Benefits and Premiums

We are withdrawing TCL-LTC-INDPC.04 (Premium Credit Endorsement).

If you require additional assistance, please feel free to call me at (800) 842-2733, Ext. 2769.

Sincerely,

Nancy Cirio
Insurance Compliance Manager

Enclosures

05632408440 1

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Tel: 860-656-3809

Gina Jisonna
Manager – Product Development

March 13, 2019

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re: TIAA-CREF Life Insurance Company ("T-C Life")
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
SERFF #: META-130630165

Dear Mr. Dismore:

The answer to your objection letter dated March 5, 2019 is as follows:

Objection 1
- SOV_LCUL (Supporting Document)
- LCUL.04-TCL, LCUL.04-TCL (Form)
Comments: We have completed our review of form LCUL.04-MET and found no concerns; however, the Statement of Variability (SOV) requires revision. The SOV appropriately identifies the variable fields; however, the variable fields appear on the second page rather than the first page. Please revise the SOV accordingly.
Response: The SOV has been revised.

Objection 2
- SOV_LCUL (Supporting Document)
Comments: The SOV refers to MetLife where the Filing Company is TIAA-CREF Life Insurance Company and the NAIC number identified is 60142. Please revise the SOV.
Response: The SOV has been revised.

Objection 3
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: Form TCL-LTC-CNF does not appear to be in final print as required by 14 VAC 5-100-50 3.
Response: The TCL-LTC-CNF Rider provided at the department's request is a PDF of a final copy.

Objection 4
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The form contains variable fields. Each field intended to be variable should be bracketed. Please provide us with a statement of variability that identifies each variable field appearing in the form and describe specifically how that field might vary from the text as presented.
Response: The TCL-LTC-CNF provided at the department's request does not contain variable fields.

Objection 5
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The rider should be captioned as Contingent Benefit Upon Lapse Rider for consistency with 14 VAC 5-200-185 C.
Response: The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your department's request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Objection 6
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: Notice of premium increase must be provided within 75 days prior to the due date of the premium reflecting the rate increase pursuant to 14 VAC 5-200-185 D 3.
Response: The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your department's request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

The policyholder notification letter (PHLTR-TCL-VA) will be provided within 75 days prior to the date of the premium reflecting the rate increase.

Objection 7
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 D 7.
The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your department's request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Objection 8
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 F.
The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your department's request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Objection 9
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The Triggers For A Substantial Premium Rate Increase table is not consistent with 14 VAC 5-200-185 D 3.
The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your department's request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Objection 10
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: The rider should contain a statement that conforms with 14 VAC 5-200-185 D 7.
The TCL-LTC-CNF rider, previously filed and approved by your department, was provided at your department's request in a prior objection. It is not being filed for approval at this time as it is no longer used. The LCUL has been included in this filing for approval and implementation of the rate increase. As such, we respectfully believe any changes to the TCL-LTC-CNF at this time is unnecessary.

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Gina Jisonna
Manager – Product Development

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Tel: 860-656-3809

Gina Jisonna
Manager – Product Development

August 21, 2019

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re: TIAA-CREF Life Insurance Company ("T-C Life")
Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
SERFF #: META-130630165

Dear Mr. Dismore:

The answer to your objection letter dated August 8, 2019 is as follows:

Objection 1
- Certification of Compliance (Supporting Document)
Comments: The certification of compliance that is required by 14 VAC 5-100-40 3 refers to Metropolitan Life Insurance Company but the Filing Company is TIAA-CREF Life Insurance Company and the NAIC number identified is 60142. Please revise the certification of compliance accordingly.
MetLife Response: The certification of compliance has been revised accordingly.

Objection 2
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: TCL-LTC-CNF
We reviewed your response to Objections 5 through 10 in the 3/13/19 Response Letter and we need some additional information. We are unable to verify that form TCL-LTC-CNF was previously approved for use in Virginia. Please provide us with the SERFF Tracking Number under which this form was approved. If approved prior to the SERFF system, please provide the State Tracking Number and the date approved.
MetLife Response: The approval date of the TCL-LTC-CNF rider was November 20, 2002. As previously noted in the objection response dated 3/3/19, this rider is no longer being used.

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Email: mark.newton@metlife.com

Mark D. Newton, FSA, MAAA

August 29, 2019

Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated August 8, 2019
SERFF/STATE Tracking #: META-130630165
Company Tracking #: CT14-75 (TC LIFE-RATE) (RESUB1) RW

Dear Mr. Dismore:

Thank you for your response dated August 8, 2019. Here are the answers to your questions:

Objection 1
In the previous rate filing (SERFF # META-127150314) the Virginia Bureau of Insurance had requested a revision of financial exhibits to include data only pertaining to form LTC.04 (see objection letter dated 11/13/2012).

a. In the current rate filing, please provide Attachment 2, Incurred Loss Ratio Including the Change in Active Life Reserves, to represent data only for form LTC.04 as it appears to include data from LTC.02 and LTC.03.

[MetLife Response] Please see the updated Attachment 2 provided with this response which includes data from LTC.04 only. Note that we have not included active life reserves in this analysis and will address this in a follow up submission, as previously discussed with the department.

b. Please advise if Attachment 3 includes only data related to form LTC.04. If it includes forms LTC.02 and LTC.03, please revise so that it depicts only data for LTC.04.

[MetLife Response] Attachment 3 includes assumptions relating to LTC.04.

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Attachment 2
Metropolitan Life Insurance Company
Incurred Loss Ratio Including the Change in Active Life Reserves
Policy Form: LTC.04
Policies Issued Before and After October 1, 2003

Nationwide Experience, without Interest and without Increase

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
1991	-	-	0.0%
1992	-	-	0.0%
1993	-	-	0.0%
1994	-	-	0.0%
1995	-	-	0.0%
1996	-	-	0.0%
1997	-	-	0.0%
1998	-	-	0.0%
1999	-	-	0.0%
2000	233,061	26,674	11.4%
2001	3,937,408	227,033	5.8%
2002	8,736,072	918,684	10.5%
2003	14,628,542	903,467	6.2%
2004	18,312,441	1,032,173	5.6%
2005	18,238,030	3,168,995	17.4%
2006	18,203,413	2,618,151	14.4%
2007	18,258,707	5,722,612	31.3%
2008	18,301,348	5,641,505	30.8%
2009	18,275,989	5,476,498	30.0%
2010	18,255,986	9,077,302	49.7%
2011	18,005,070	7,320,713	40.7%
2012	17,764,458	10,637,219	59.9%
2013	17,209,831	9,301,214	54.0%
2014	16,808,977	13,198,409	78.5%
2015	16,502,906	14,831,662	89.9%
2016	15,782,211	18,339,376	116.2%
Total	257,454,448	108,441,686	42.1%

Virginia Experience, without Interest and without Increase

Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
1991	-	-	0.0%
1992	-	-	0.0%
1993	-	-	0.0%
1994	-	-	0.0%
1995	-	-	0.0%
1996	-	-	0.0%
1997	-	-	0.0%
1998	-	-	0.0%
1999	-	-	0.0%
2000	-	-	0.0%
2001	-	-	0.0%
2002	49,104	-	0.0%
2003	312,902	-	0.0%
2004	464,905	-	0.0%
2005	464,768	2,250	0.5%
2006	470,599	-	0.0%
2007	475,477	-	0.0%
2008	483,788	-	0.0%
2009	490,924	-	0.0%
2010	497,369	31,059	6.2%
2011	488,716	121,785	24.9%
2012	488,049	485,908	99.6%
2013	486,826	119,548	24.6%
2014	469,726	161,698	34.4%
2015	469,110	635,428	135.5%
2016	455,606	295,591	64.9%
Total	6,567,867	1,853,267	28.2%

Attachment A-1
Metropolitan Life Insurance Company
Anticipated Loss Ratio Calculation
Policy Forms: 1LTC97 and 2LTC97
Policies Issued Before October 1, 2003

Virginia Experience

Before 88.98% Requested Increase

1	Present Value of Incurred Claims:	72,645,686
2	Active Life Reserves:	14,669,918
3	Present Value of Premium:	53,289,334
	Anticipated Loss Ratio = (1 - 2) / 3:	**108.8%**

After 88.98% Requested Increase

1	Present Value of Incurred Claims:	69,801,275
2	Active Life Reserves:	14,669,918
3	Present Value of Premium:	60,357,558
	Anticipated Loss Ratio = (1 - 2) / 3:	**91.3%**

NOTE: Present value is calculated as of December 31, 2017 based on the weighted average of maximum valuation interest rate of 4.50%.

Attachment A-2
Metropolitan Life Insurance Company
Anticipated Loss Ratio Calculation
Policy Forms: LTC-FAC, LTC- VAL, LTC-IDEAL and LTC- PREM
Policies Issued Before October 1, 2003

Virginia Experience

Before 59.15% Requested Increase

1	Present Value of Future Claims:	28,283,383
2	Active Life Reserves:	7,322,204
3	Present Value of Future Premium:	24,345,760
	Anticipated Loss Ratio = (1 - 2) / 3:	**86.1%**

After 59.15% Requested Increase

1	Present Value of Future Claims:	26,965,486
2	Active Life Reserves:	7,322,204
3	Present Value of Future Premium:	27,032,765
	Anticipated Loss Ratio = (1 - 2) / 3:	**72.7%**

NOTE: Present value is calculated as of December 31, 2017 based on the weighted average of maximum valuation interest rate of 4.48%.

Attachment A-3
Metropolitan Life Insurance Company
Anticipated Loss Ratio Calculation
Group Policy: GPNP99-LTC and G.LTC2798
Group Policy Effective Dates Before October 1, 2003

Virginia Experience

Before 45% Requested Increase

1	Present Value of Future Claims:	44,180,542
2	Active Life Reserves:	6,284,769
3	Present Value of Future Premium:	45,251,779
	Anticipated Loss Ratio = (1 - 2) / 3:	**83.7%**

After 45% Requested Increase

1	Present Value of Future Claims:	43,615,915
2	Active Life Reserves:	6,284,769
3	Present Value of Future Premium:	49,003,353
	Anticipated Loss Ratio = (1 - 2) / 3:	**76.2%**

NOTE: Present value is calculated as of December 31, 2017 based on the weighted average of maximum valuation interest rate of 4.47%.

Attachment A-4
Metropolitan Life Insurance Company
Anticipated Loss Ratio Calculation
Policy Forms: LTC.04
Policies Issued Before October 1, 2003

Virginia Experience

Before 73% Requested Increase

1	Present Value of Incurred Claims:	12,672,444
2	Active Life Reserves:	3,447,657
3	Present Value of Premium:	10,381,825
	Anticipated Loss Ratio = (1 - 2) / 3:	**88.9%**

After 73% Requested Increase

1	Present Value of Incurred Claims:	12,505,191
2	Active Life Reserves:	3,447,657
3	Present Value of Premium:	11,678,992
	Anticipated Loss Ratio = (1 - 2) / 3:	**77.6%**

NOTE: Present value is calculated as of December 31, 2017 based on the weighted average of maximum valuation interest rate of 4.50%.

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Email: bbigelow@metlife.com

William P. Bigelow, FSA, MAAA

October 9, 2019
Mr. Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Active Life Reserves Exclusion from Incurred Claims for Pre-Rate Stability Policies

Dear Mr. Dismore:

Following up on our call earlier in July, we are providing the results demonstrating the lifetime loss ratio by removing the policy reserves (i.e. Active Life Reserve "ALR") from the incurred claims.

In this submission, we are including the results for all the policy forms or certificates that MetLife has filed with your Department that are still under your review. The products included are as follow:

Policy Form / Certificate No. [1]	SERFF #	Submission Date	Attachment
1LTC-97-VA 2LTC-97-VA	META-131864567	March 2019	A-1
LTC-FAC-VA LTC-VAL-VA LTC-IDEAL-VA LTC-PREM-VA	META-130643279	July 2016	A-2
GPNP99-LTC and certificates issued thereunder G.LTC2798 and certificates issued thereunder	META-130649719	July 2016	A-3
TCL-LTC.04 (VA)	META-130630165 META-130630105	June 2016	A-4

As discussed on the call, we do not agree with deducting the ALR from the expected life-time claims in the loss-ratio determination because the policy reserve is a pre-funding of future claims and has no meaningful impact on the final claims pay-out. Furthermore, the reserve that MetLife is holding includes significant amount of conservatism due to the requirements of the state of New York, the company's domicile state. However, we have agreed to provide the

[1] Includes only policies issued before Virginia Rate Stability Regulation adoption date of October 1, 2003. For the Group business, this includes all group policies that became effective before October 1, 2003 without regards to the individual certificate's issue date.

demonstration by estimating the ALR that is based on the original pricing assumptions, and therefore, remove all additional reserve requirements under New York State Regulation.

If you have any questions regarding these results, please reach out to us. Thank you for your consideration.

Sincerely,

_____

William P. Bigelow, FSA, MAAA
Vice President and Actuary, Metropolitan Life Insurance Company

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Email: mark.newton@metlife.com

Mark D. Newton, FSA, MAAA

October 9, 2019

Bill Dismore
Virginia Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Objection Letter Dated September 9, 2019
SERFF/STATE Tracking #: META-130630165
Company Tracking #: CT14-75 (TC LIFE-RATE) (RESUB1) RW

Dear Mr. Dismore:

Thank you for your response dated September 9, 2019. Here are the answers to your questions:

Objection 1
- TIAA Policyholder Increase Letter - attached to the Form Schedule (Supporting Document)
Comments: While we appreciate your efforts to reconcile having one policyholder notification letter to serve for two filings with separate NAIC numbers, the letter remains non-compliant with 14 VAC 5-100-50 2 because it fails to identify the full and proper corporate name of the insurer applicable to the recipient of the letter. We see no alternative but to have separate letterheads for each company and are unable to approve otherwise.
Response: The Policyholder letters, Coverage Change forms and corresponding EOVs were updated based on our call and review with Bob Grissom on October 3, 2019. The revised versions were sent to the department for review via email on 10/8/19 and will be submitted in SERFF upon receiving additional feedback.

Objection 2
- TCL-LTC.04 (Supporting Document)
Comments: Thank you for the updated historical experience based solely on form LTC.04. Please also provide updated projections and demonstrations of compliance based on this experience, separately for the pre and post blocks, including the Active Life Reserve test required for the pre-rate stability block.
Response: Please refer to attachment "VA Response to ALR"

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA
Actuarial Director, Metropolitan Life Insurance Company

Attachment A-1
Metropolitan Life Insurance Company
Anticipated Loss Ratio Calculation
Policy Forms: 1LTC97 and 2LTC97
Policies Issued Before October 1, 2003

Nationwide Experience

Before 88.98% Requested Increase

1	Present Value of Incurred Claims:	1,519,095,851
2	Active Life Reserves:	276,483,763
3	Present Value of Premium:	1,205,973,943
	Anticipated Loss Ratio = (1 - 2) / 3:	**103.0%**

After 88.98% Requested Increase

1	Present Value of Incurred Claims:	1,464,779,203
2	Active Life Reserves:	276,483,763
3	Present Value of Premium:	1,344,991,612
	Anticipated Loss Ratio = (1 - 2) / 3:	**88.3%**

NOTE: Present value is calculated as of December 31, 2017 based on the weighted average of maximum valuation interest rate of 4.50%.

Attachment A-2
Metropolitan Life Insurance Company
Anticipated Loss Ratio Calculation
Policy Forms: LTC-FAC, LTC- VAL, LTC-IDEAL and LTC- PREM
Policies Issued Before October 1, 2003

Nationwide Experience

Before 59.15% Requested Increase

1	Present Value of Future Claims:	792,820,542
2	Active Life Reserves:	203,751,458
3	Present Value of Future Premium:	740,820,221
	Anticipated Loss Ratio = (1 - 2) / 3:	**79.5%**

After 59.15% Requested Increase

1	Present Value of Future Claims:	757,837,905
2	Active Life Reserves:	203,751,458
3	Present Value of Future Premium:	808,628,417
	Anticipated Loss Ratio = (1 - 2) / 3:	**68.5%**

NOTE: Present value is calculated as of December 31, 2017 based on the weighted average of maximum valuation interest rate of 4.48%.

Attachment A-3
Metropolitan Life Insurance Company
Anticipated Loss Ratio Calculation
Group Policy: GPNP99-LTC and G.LTC2798
Group Policy Effective Dates Before October 1, 2003

Nationwide Experience

Before 45% Requested Increase

1	Present Value of Future Claims:	4,422,831,551
2	Active Life Reserves:	847,017,033
3	Present Value of Future Premium:	4,398,453,750
	Anticipated Loss Ratio = (1 - 2) / 3:	**81.3%**

After 45% Requested Increase

1	Present Value of Future Claims:	4,368,160,319
2	Active Life Reserves:	847,017,033
3	Present Value of Future Premium:	4,728,538,960
	Anticipated Loss Ratio = (1 - 2) / 3:	**74.5%**

NOTE: Present value is calculated as of December 31, 2017 based on the weighted average of maximum valuation interest rate of 4.47%.

Attachment A-4
Metropolitan Life Insurance Company
Anticipated Loss Ratio Calculation
Policy Forms: LTC.04
Policies Issued Before October 1, 2003

Nationwide Experience

Before 73% Requested Increase

1	Present Value of Incurred Claims:	559,672,148
2	Active Life Reserves:	136,694,726
3	Present Value of Premium:	447,976,890
	Anticipated Loss Ratio = (1 - 2) / 3:	**94.4%**

After 73% Requested Increase

1	Present Value of Incurred Claims:	553,295,024
2	Active Life Reserves:	136,694,726
3	Present Value of Premium:	500,177,580
	Anticipated Loss Ratio = (1 - 2) / 3:	**83.3%**

NOTE: Present value is calculated as of December 31, 2017 based on the weighted average of maximum valuation interest rate of 4.50%.

~~Metropolitan Life Insurance Company~~
~~as insurer, or~~ **TIAA-CREF Life Insurance Company,** MetLife Services and Solutions, LLC as administrator ~~for TIAA-CREF Life Insurance Company and Teachers Insurance and Annuity Association of America*~~
[P.O. Box 990028, Hartford, CT 06199-0028]

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[DATE]

[First Name][Last Name]
[Address]
[Address2]
[City, State, Zip]

Re: Notice of Long Term Care Insurance Premium Adjustment for Policy [#######]

Dear [First Name][Last Name]:

This letter is to inform you that we are implementing a [XX~~73~~%] premium increase on your long term care insurance policy which was issued in Virginia. **Your policy is insured by TIAA-CREF Life Insurance Company,** and is administered by MetLife Services and Solutions, LLC. ~~but in October 2008, you were offered an opportunity to have your coverage transferred to MetLife, and you did not accept that offer. **If you did not wish to transfer, your policy remains insured by TIAA-CREF Life Insurance Company**, and is administered by MetLife Services and Solutions, LLC.~~

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The increase affects a broad group of policyholders and does not target individuals based on personal factors such as age, health status or claims history. ~~This increase does not distinguish between insureds whose coverage transferred to MetLife and insureds whose coverage remained with TIAA-CREF.~~ The decision to implement a premium increase was a difficult one and not taken lightly, ~~-~~and was driven by changes to actuarial assumptions since the initial pricing. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.]

The rate increase request was reviewed by the Virginia State Corporation Commission~~commission~~ and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission~~Bureau~~'s ~~of Insurance's~~ webpage at ww.scc.virginia.gov/BOI.
~~The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.~~

It is important that you be aware that as explained on the first page of your policy, and subject to any applicable regulatory approval, **WE ~~METLIFE OR TIAA-CREF, AS APPLICABLE,~~ RESERVE~~S~~ THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** ~~As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History.~~ In the event of

future rate increases, options, similar to those being offered at this time, if applicable, may or may not be available but decreases in coverage can be made at any time, per the provisions of your policy.

[Please note that because the percentage approved is less that what we requested, it is likely that we will request an additional increase, and if that increase were approved, we would implement the additional increase no sooner than one year from the date indicated below. Note that any future increase would first be subject to the review and approval of the Virginia State Corporation Commission.]
~~[The Virginia Bureau of Insurance has authorized an increase of [XX%]. We plan to request an additional increase no sooner than one year from the date indicated below. Note that any future increase would first be subject to the review and approval of the Virginia Bureau of Insurance.]~~

This letter explains the change to your premium, which is scheduled to take place on the date indicated below which coincides with your Policy Anniversary date. Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider. Please note if you are already at the minimum Nursing Facility Care Daily Benefit, or Lifetime Benefit Maximum, please call Customer Service to discuss whether there are any additional options available to reduce coverage.

Your current and new premium amounts

The premium amount for your Long Term Care Insurance policy is scheduled to increase as follows, on the date indicated below:

Current Premium Amount	New Premium Amount beginning on [COMPLETE DATE]
[$0.00]/[mode]	[$0.00]/[mode]

[Please note that under the Agreement for Periodic Inflation Additions Rider you purchased with your policy, you may be eligible to increase your coverage on your Policy Anniversary date, without having to provide proof of good health. You will be receiving a separate communication regarding the optional increase offer.]

Please note that if you qualify for Waiver of Premium at the time the increase becomes effective, there will be no impact to your coverage or premiums unless your obligation to make payment resumes.

Options to consider

Please note that the current coverage and premium provided in this letter is as of [DATE]. This may not reflect any coverage changes that have occurred or are scheduled to occur between this date and the effective date of your increase.

1. Continue your current coverage by paying the new premium amount when due.
No additional action is required by you.

2. Reduce your coverage:
[Insert for insureds who are provided decrease options as applicable:]

- **[Reduce your Nursing Facility Care Daily Benefit from [$$$] to [$$$].** This will bring you to a revised premium of approximately [$$$]/[mode].]
- **[Reduce your Lifetime Benefit Maximum from [#] years to [#] years.** This will bring you to a revised premium of approximately [$$$]/[mode].]

[(Please note that the Lifetime Benefit Maximum above does not reflect claims paid or payable. In addition, for certain optional riders to remain in effect, both policyholders must maintain identical coverage.)]

~~**2. Reduce your coverage:**~~

~~**[Insert for insureds who are provided decrease options as applicable:**~~

- ~~**Reduce your Nursing Facility Care Daily Benefit from [$$$] to [$$$].** This will bring you to a revised premium of approximately [$$$]/[mode].~~
- ~~**Reduce your Lifetime Benefit Maximum from [#] years to [#] years.** This will bring you to a revised premium of approximately [$$$]/[mode].~~

~~(Please note that the Lifetime Benefit Maximum above does not reflect claims paid or payable. In addition, for certain optional riders to remain in effect, both policyholders must maintain identical coverage.)]~~

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[Insert for insureds who are not provided decrease options:]

[Please contact our customer service team at 1-888-748-4824 if you wish to discuss whether there are coverage decrease options available to you.]

Please note that all options available to the policyholder may not be of equal value.

3. Cancel your coverage:

[Insert for No NonForfeiture~~/RPU~~ feature letters (applies to insureds with CBUL):]

[If you elect to cancel your coverage at any time between the date of this letter and 120 days following the due date for the New Premium Amount, you will be issued a Limited Coverage Upon Lapse Endorsement ("LCUL") which provides limited coverage. (*Please note that this limited coverage is not intended to replace coverage you currently have*.) The amount of coverage will be the greater of the sum of all premiums paid prior to cancellation ***or*** 30 times the amount of the nursing facility care daily benefit in effect immediately prior to your cancellation date. The limited coverage provided under LCUL will not exceed the remaining Lifetime Benefit Maximum in effect immediately prior to your cancellation date.
Note: If your policy includes the Contingent Benefit Upon Lapse Nonforfeiture Feature ("CBUL"), the LCUL Endorsement pays the same benefits as those provided for if you are eligible for benefits under CBUL. We will not pay benefits under both CBUL and the LCUL endorsement. Once this limited coverage rider goes into effect, your policy will be considered "paid-up" with no further premiums due.]

~~**[Insert for letters to LTC.02 insureds with Reduced Paid-up (RPU) & MD NF:**~~
~~Our records indicate your policy includes the Reduced Paid-Up Feature, in the form of a policy provision, providing for reduced or limited coverage in the event that your policy Lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage you are eligible for the limited coverage as described in your policy under the Reduced Paid-Up Feature.~~

~~Alternatively, if you elect to cancel your coverage at any time between the date of this letter and 120 days following the due date for the New Premium Amount, you may instead select in writing limited coverage under a Limited Coverage Upon Lapse Endorsement ("LCUL"). (*Please note that both options provide limited coverage and are not intended to replace coverage you currently have*.) The amount of coverage under the LCUL Endorsement will be the greater of the sum of all premiums paid prior to cancellation ***or*** 30 times the amount of the nursing facility care daily benefit in effect immediately prior to your cancellation date. The limited coverage provided under LCUL will not exceed the remaining Lifetime Benefit Maximum in effect immediately prior to your cancellation date. Once this limited coverage rider goes into effect, your policy will be considered "paid-up" with no further premiums due. Please call our customer service team at [(888) 748-4824] if you are planning to cancel your coverage and have questions regarding your RPU benefit.~~

If you cancel your coverage between the date of this letter and 120 days following the due date for the New Premium Amount and we do **not** receive your written response by the response date of [xx/xx/xxxx] to select the LCUL Endorsement, we will automatically provide coverage under the Reduced Paid-Up Feature included in your policy.~~]~~

[Insert for letters to insureds with Nonforfeiture Shortened Benefit Period (SBP):

[Our records indicate your policy includes a Nonforfeiture Feature in the form of a policy provision, endorsement or rider that provides for reduced or limited coverage in the event that your policy Lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage you are eligible for the limited coverage as described in your policy under the Nonforfeiture Feature. (*Please note that this limited coverage is not intended to replace coverage you currently have*.)]

4. Please note that you may also be able to reduce your premium by changing your elimination period or removing additional cost riders that were added to your policy. Please contact **the customer service team at [(888) 748-4824]** between the hours of [8:00 a.m. and 11:00 p.m. Eastern Time, Monday through Friday], if you wish to discuss whether there are additional coverage decrease options available to you. ~~If you have questions about your coverage or whether your policy is insured by MetLife, or administered by MetLife Services and Solutions, LLC, please call the above telephone number.~~

Next Steps

~~As you consider any coverage changes, it is important that you review the current costs of long term care in your area. We have enclosed information to help you with this process.~~

- If you choose to maintain your current coverage at the new premium, you do not need to take any action at this time. Simply pay your new premium when it becomes due.
- If you choose to decrease or cancel your coverage, we request that you return your Coverage Change Form to us by [COMPLETE DATE] so we can process your request to coincide with the premium increase date. Should you need more time to decide on a coverage decrease, you may request a decrease in writing at any time.
- ~~If you choose to decrease or cancel your coverage, we request that you return your Coverage Change Form to us by [COMPLETE DATE] so we can process your request to coincide with the premium increase date. Should you need more time to decide on a coverage decrease, you may request a decrease in writing at any time.~~

~~Please~~ Please note that any changes in your coverage between now and your policy anniversary date when the new premium goes into effect will be calculated at the **new** rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect**. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time.** We want to thank you for choosing to plan for your future long term care insurance needs.

Sincerely,
[

]
[Thomas Reilly
Assistant Vice President, Product Management & Compliance]

Encl: ~~[~~Coverage Change Form
~~Rate Increase History Chart~~
Business Reply Envelope~~]~~

PHLTR-TCL-VA

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~~Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History~~

~~MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has raised, or expects to raise, rates on the LTC policy series noted below.~~

~~Policy Type~~	~~Individual Policy/Certificate Series*~~	~~Years Available~~	~~Years Increase Began~~	~~Percentage of Increase~~
~~Individual LTC~~	~~1LTC-97, 2LTC-97~~	~~1997 – 2001~~	~~2009~~ ~~2013~~ ~~2016~~ ~~2019~~	~~0-18%~~ ~~0-58%~~ ~~0-102%~~ ~~0-123%~~
~~Individual LTC~~	~~LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC~~	~~2002-2006~~	~~2009~~ ~~2013~~ ~~2016~~	~~0-18%~~ ~~0-58%~~ ~~0-126%~~
~~Individual LTC~~	~~LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC~~	~~2005-2009~~	~~2013~~ ~~2016~~ ~~2018~~	~~0-58%~~ ~~0-88%~~ ~~0-105%~~
~~Individual LTC~~	~~LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC~~	~~2009-2011~~	~~2016~~ ~~2018~~	~~0-34%~~ ~~0-42%~~
~~Individual LTC~~	~~LTC2007~~	~~2008-2009~~	~~2013~~ ~~2018~~	~~0-58%~~ ~~0-64%~~
~~Individual LTC~~	~~LTC2007~~	~~2009-2011~~	~~2016~~ ~~2018~~	~~0-42%~~ ~~0-47%~~
~~Individual LTC~~	~~LTC-TIAA-02~~	~~1991-2001~~	~~2012~~ ~~2015~~ ~~2019~~	~~0-41%~~ ~~0-73%~~ ~~0-80%~~
~~Individual LTC~~	~~LTC-TIAA-03~~	~~1992-2003~~	~~2012~~ ~~2015~~ ~~2019~~	~~0-41%~~ ~~0-73%~~ ~~0-80%~~
~~Individual LTC~~	~~LTC-TCL-04~~	~~2000-2004~~	~~2012~~ ~~2015~~ ~~2019~~	~~0-41%~~ ~~0-73%~~ ~~0-80%~~
~~Group LTC~~	~~G.LTC197~~	~~1998 – 2003**~~	~~2012~~	~~0-45%~~
~~Group LTC~~	~~GPNP99-LTC~~	~~2000 – 2010***~~	~~2012~~	~~0-45%~~
~~AARP LTC~~	~~G.LTC1697, G.LTC1497, G.LTC1797~~	~~1997 – 2008~~	~~2017~~	~~0-23.12%~~
~~AARP LTC~~	~~GCLTCAARP-04-OP~~	~~2004 – 2008~~	~~2017~~	~~0-23.12%~~
~~AARP LTC~~	~~GCLTCAARP-06-FC~~	~~2006 – 2008~~	~~2017~~	~~0-23.12%~~

~~Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.~~

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~~*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters "ML."~~

~~**While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.~~

~~***While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.~~

TIAA-CREF Life Insurance Company
730 Third Avenue
New York, NY 10017-3206
212 490-9000 1 800 223-1200

SHARED CARE BENEFIT OPTION RIDER

Insured:
Policy Effective Date:
Spouse:

Insured's Policy Number:
Rider Effective Date:
Spouse's Policy Number:

Rider Contract

This Rider is attached to and made part of **Your** Policy. The rights provided by this Rider are subject to the terms and conditions of this Rider and of the Policy. However, in the case of any conflict between the provisions of this Rider and of the Policy, the provisions of this Rider shall govern. This Rider is effective as of the **Rider Effective Date** above. Premium for this Rider is shown on the Policy Schedule page of **Your** Policy.

Shared Care Benefit

While **Your** Policy and this Rider are in-force, should **Your** spouse exhaust the **Lifetime Benefit Maximum** under **Your** spouse's Policy, this **Shared Care Benefit Option Rider** will enable **Covered Expenses** incurred by **Your** spouse to be paid under **Your** Policy.

Conditions for Eligibility

Your spouse is eligible for the benefit provided by this Rider after all of the following conditions . have been met:

1. **You** are named as the spouse in **Your** spouse's **Shared Care Benefit Option Rider**;
2. The **Policy Effective Date** in **Your** Policy and in **Your** spouse's Policy is identical;
3. The state where **Your** Policy and **Your** spouse's Policy is issued from is identical;
4. **Your** Policy and **Your** spouse's Policy have the following identical benefit levels and benefit options*:
   a. Shared Care Benefit Option Rider;
   b. Benefit Waiting Period;
   c. Optional Benefit Rider(s);
   d. **Daily Benefit Maximum** for **Nursing Facility Care** and for **Home and Community-Based Care;**
   e. **Lifetime Benefit Maximum**;
5. **Your** spouse continues to meet the Benefit Eligibility Requirements under **Your** spouse's Policy;
6. The **Lifetime Benefit Maximum** in **Your** spouse's Policy has been exhausted;
7. The **Lifetime Benefit Maximum** in **Your** Policy has not been exhausted; and
8. **Your** Policy and this Rider are not contestable.

* This does not include the acceptance of benefit increases provided by the **Agreement for Periodic Inflation Additions Rider**, if included in **Your** Policy or in **Your** spouse's Policy.

Covered Expenses
On and after the date that **Your** spouse is eligible for the Shared Care Benefit Option, **We** will pay for **Covered Expenses** incurred by **Your** spouse up to the applicable **Daily Benefit Maximum** under **Your** spouse's Policy.

The **Lifetime Benefit Maximum** in **Your** Policy will be reduced by payments made for **Covered Expenses** incurred by **Your** spouse and paid pursuant to this Rider. Benefits paid for **Covered Expenses** incurred by **You** and **Your** spouse may not exceed the **Lifetime Benefit Maximum** in **Your** Policy.

If the amount of the **Lifetime Benefit Maximum** under **Your** spouse's Policy has not been exhausted but is less than a **Covered Expense**, **We** will pay the remainder of such expense from the **Lifetime Benefit Maximum** under **Your** Policy. The total amount paid for that **Covered Expense** may not exceed the applicable **Daily Benefit Maximum** in **Your** spouse's Policy.

You and **Your** spouse may both receive benefits under **Your** Policy at the same time. If that happens, **Covered Expenses** incurred by **You** will be payable up to the applicable **Daily Benefit Maximum** in **Your** Policy and **Covered Expenses** incurred by **Your** spouse will be payable up to the applicable **Daily Benefit Maximum** in **Your** spouse's Policy.

If **Your** Policy includes an **Agreement For Periodic Inflation Additions Rider**, **We** will continue to offer **You** inflation additions in accordance with the terms of that Rider while **Covered Expenses** incurred by **Your** spouse are being paid.

Waiver of Premium
The Waiver of Premium provision in **Your** Policy will apply only if **You** are receiving benefits under **Your** Policy. Premium payments under **Your** Policy will not be waived due to **Your** spouse receiving benefits under **Your** Policy.

If **Your** Policy's **Lifetime Benefit Maximum** is exhausted, **Your** Policy will remain in-force and premium payments will be waived until:

1. The **Lifetime Benefit Maximum** under **Your** Policy and **Your** spouse's Policy is exhausted; or
2. The death of both **You** and **Your** spouse.

Once **Your Lifetime Benefit Maximum** is exhausted, **We** will not offer **You** inflation additions under the **Agreement for Periodic Inflation Additions Rider**, if applicable, and **You** cannot purchase additional amounts of coverage.

Policy Continuation
If **You** die and the **Lifetime Benefit Maximum** under **Your** Policy has not been exhausted, the remaining **Lifetime Benefit Maximum** under **Your** Policy will be available to pay for **Covered Expenses** incurred by **Your** spouse.

Reinstatement
To reinstate this Rider if it has lapsed for non-payment of premium, **You** and **Your** spouse must satisfy the requirements of the "Reinstatement" provision in each of **Your** Policies.

Change of Spouse
You may not change **Your** spouse on this Rider. **You** must provide **Us** with written notice that **You** elect to terminate this Rider.

Termination of this Rider
This Rider will terminate on the earliest of the following:

1. The date **Your** Policy or **Your** spouse's Policy terminates for any reason, except for the death of either spouse; or,
2. The date **We** receive written notice that **You** elect to terminate this Rider; or,
3. The date **Your** spouse's **Shared Care Benefit Option Rider** terminates for any reason, except for the death of **Your** spouse; or,
4. The date **You** elect to revise **Your** Policy causing the benefit levels or the benefit options under **Your** Policy to no longer be identical to those under **Your** spouse's Policy*; or,
5. The date the **Lifetime Benefit Maximum** is exhausted under both **Your** Policy and **Your** spouse's Policy; or,
6. The date **Your** Policy is placed on a nonforfeiture status, if applicable to **Your** Policy.

* This does not include the acceptance of benefit increases provided by the **Agreement for Periodic Inflation Additions Rider**, if included in **Your** Policy or **Your** spouse's Policy.

President

TIAA-CREF Life Insurance Company
730 Third Avenue
New York, NY 10017-3206
212 490-9000 1 800 223-1200

SURVIVOR WAIVER BENEFIT OPTION RIDER

Insured:
Policy Effective Date:
Spouse:

Insured's Policy Number:
Rider Effective Date:
Spouse's Policy Number:

Rider Contract
This Rider is attached to and made part of **Your** Policy. The rights provided by this Rider are subject to the terms and conditions of this Rider and of the Policy. However, in the case of any conflict between the provisions of this Rider and of the Policy, the provisions of this Rider shall govern. This Rider is effective as of the **Rider Effective Date** above. Premium for this Rider is shown on the Policy Schedule page of **Your** Policy.

Survivor Waiver
While **Your** Policy and this Rider are in-force, if **Your** spouse dies, future premium payments for **Your** Policy will be waived. However, premium payments will not be waived for any benefit(s) that is (are) added to **Your** Policy after the death of **Your** spouse.

Conditions for Eligibility
Future premium payments for **Your** Policy will be waived after all of the following conditions have been met:

1. **You** are named as the spouse in **Your** spouse's **Survivor Waiver Benefit Option Rider**;
2. The **Policy Effective Date** in **Your** Policy and in **Your** spouse's Policy is identical;
3. The state where **Your** Policy and **Your** spouse's Policy is issued from is identical;
4. **Your** Policy and **Your** spouse's Policy have the following identical benefit levels and benefit options *:
   a. Survivor Waiver Benefit Option Rider;
   b. Benefit Waiting Period;
   c. Optional Benefit Rider(s);
   d. **Daily Benefit Maximum** for **Nursing Facility Care** and for **Home and Community-Based Care**;
   e. **Lifetime Benefit Maximum**;
5. **Your** Policy and **Your** spouse's Policy have each been continuously in force for at least five consecutive years;
6. **We** received proof, satisfactory to **Us**, that **Your** spouse died while the Policy and this Rider were in-force; and
7. **Your** Policy and this Rider are not contestable.

* This does not include the acceptance of benefit increases provided by the **Agreement for Periodic Inflation Additions Rider**, if included in **Your** Policy or in **Your** spouse's Policy.

Premium Refund
We will refund any premium that **You** paid for a period for which premiums are waived under this Rider.

If **Your** spouse dies and **Conditions for Eligibility** in this Rider are not met, provide **Us** with proof, satisfactory to **Us**, of **Your** spouse's death and **We** will remove this Rider and its associated premium cost from **Your** Policy. **We** will only refund premium payment(s) for this Rider that became due and were received after the date of **Your** spouse's death. **We** will not refund premium payments for the entire Policy.

Waiver of Premium on Exhaustion of Lifetime Benefit Maximum
If **You** exhaust **Your Lifetime Benefit Maximum**, **Your** Policy will remain in-force and premium payments will be waived until:

1. The **Lifetime Benefit Maximum** under **Your Policy** and **Your** spouse's Policy is exhausted; or
2. The death of both **You** and **Your** spouse.

Once **Your Lifetime Benefit Maximum** is exhausted, **We** will not offer **You** inflation additions under the **Agreement for Periodic Inflation Additions Rider**, if applicable, and **You** cannot purchase additional amounts of coverage.

Reinstatement
To reinstate this Rider if it has lapsed for non-payment of premium, **You** and **Your** spouse must satisfy the requirements of the "Reinstatement" provision in each of **Your** Policies.

Change of Spouse
You may not change **Your** spouse on this Rider. **You** must provide **Us** with written notice that **You** elect to terminate this Rider.

Termination of this Rider
This Rider will terminate on the earliest of the following:
1. The date **Your** Policy or **Your** spouse's Policy terminates for any reason, except for the death of **Your** spouse; or,
2. The date **We** receive written notice that **You** elect to terminate this Rider; or,
3. The date **Your** spouse's **Survivor Waiver Benefit Option Rider** terminates for any reason, except for the death of **Your** spouse; or,
4. The date **You** elect to revise **Your** Policy in such a way that the benefit levels or benefit options under **Your** Policy are no longer identical to those of **Your** spouse's Policy*;
5. The date **Your** Policy is placed on a nonforfeiture status, if applicable to **Your** Policy; or,
6. The date **Your** spouse dies and **You** have not met the conditions necessary to qualify for benefits under this Rider.

* This does not include the acceptance of benefit increases provided by the **Agreement for Periodic Inflation Additions Rider**, if included in **Your** Policy or in **Your** spouse's Policy.

President

MetLife®

STATEMENT OF VARIABILITY

This Statement of Variability Applies to the MetLife Coverage Change Form (META-130630105) & the TIAA-CREF Coverage Change Form (META-130630165).

Coverage Change Form - Virginia

- Address in header is bracketed, in the event it changes in the future.

- Policyholder name/address, Distribution Alliance number, Policy number and Policy Anniversary fields are variable and will be customized for each insured.

- First paragraph - The customer service telephone number and hours of operation is bracketed, in the event these change in the future.

- Coverage Decrease Options
    - Reduce my Nursing Facility Care Daily Benefit Amount
        - [$-----] to $-----] is bracketed and will reflect the insured's current to new Nursing Facility Care Daily Benefit Amount
        - [New Premium Amount$XX.XX]/[mode] to [$XX.XX]/[mode] is bracketed and will reflect what the insured's new premium will be if the insured accepts the offer provided.
    - Reduce my Lifetime Benefit Maximum duration
        - [------] years to [------] years is bracketed and will reflect the insured's current to new Lifetime Benefit Maximum duration
        - [New Premium Amount$XX.XX]/[mode] to [$XX.XX]/[mode] is bracketed and will reflect what the insured's new premium will be if the insured accepts the offer provided.
            - The above is bracketed and the insured may be provided offers, provided the insured is not already at the minimum level.
    - "Other" is bracketed should the insured choose to reduce additional benefit(s).

- If the insured is already at the lowest Nursing Facility Care Benefit and Lifetime Benefit Maximum, and therefore not provided either of the above options, the text, "Insert if no decrease options are provided" will appear. The insured will be able to contact the customer service team to discuss if there are other available options, such as lengthening the elimination period, or dropping a rider. The insured will also have the ability to write in an alternative decrease option. Please note the insertion instructions are for internal use only and will NOT be included on the insured's Coverage Change form.

- The next two sections: 1)insureds with no Nonforfeiture; 2)insureds with Nonforfeiture Shortened Benefit Period – the appropriate section will appear dependent upon which option/rider the insured has on their policy.

    - [Include this selection for insureds with no Nonforfeiture} - This selection will appear if the insured's policy does NOT include a Nonforfeiture feature. Please note the insertion instructions are for internal use only and will NOT be included on the insured's PH letter.

    - [Include this selection for for insureds with Nonforfeiture Shortened Benefit Period] - This selection will appear if the insured's policy DOES include Nonforfeiture. Please note the insertion instructions are for internal use only and will NOT be included on the insured's PH letter.

- Underneath the signature line, the bracketed text [Complete Date] is 30 days from the date of the policyholder letter.

    - The address, phone and fax numbers are bracketed, in the event they change in the future.

STATEMENT OF VARIABILITY

This Statement of Variability Applies to the MetLife PH Letter (META-130630105) & the TIAA-CREF PH Letter (META-130630165).

Policyholder Notification Letter - Virginia

- First page, header: The company address is bracketed, in the event it changes in the future.
- First page: Letter date [DATE] is dependent upon when the DOI approves the rate filing and the implementation process begins.
- First page: Policyholder name/address [First Name][Last Name], and Policy number is variable and customized for each insured.
- First page, first paragraph – [XX%] is bracketed, and is dependent on the final percentage authorized by the Department.
- First page, second paragraph – Future rate revisions may result from changes in trend, claim costs, interest rates, regulation or other changes in addition to those noted within this paragraph. Should revisions to the language become necessary, we will revise the policyholder letter and statement of variability and file for review with the Bureau prior to implementing the revised language.
- First page, fifth paragraph – If the full requested percentage is not approved, this paragraph will be included in the letter. The paragraph will include the percentage approved by the Bureau (in brackets), and gives notice to the insured of our intent to request an additional rate increase.
- Second page – Current and New Premium Amount $0.00/mode, and Date; will be customized for each insured. Once we receive final disposition from the Bureau, any approved rate increase will be implemented on the policyholder's next policy anniversary date. The exact date will appear within [COMPLETE DATE].
- Second page; Paragraph immediately after "Current and New Premium Amount" – this paragraph will only appear if the policyholder's policy includes the Periodic Inflation Additions Rider.
- Second Page; first paragraph under Options to Consider. Date is dependent upon when the implementation process begins.
- Page 2, #2 - Reduce Your Coverage – Decrease options, if available, will be customized and provided to the insureds in this section.
    - [Reduce your Nursing Facility Care Daily Benefit from [$$$] to [$$$]. This will bring you to a revised premium of approximately [$$$]/[mode].] – If applicable, this option would appear if the insured is being offered an option to reduce their Nursing Facility Care Daily Benefit. The $$$ and premium $$$/mode are also bracketed and would be customized for each insured that is provided an offer.
    - [Reduce your Lifetime Benefit Maximum from [#] years to [#] years. This will bring you to a revised premium of approximately [$$$]/[mode].] – If applicable, this option would appear if the insured is being offered an option to reduce their Lifetime Benefit Maximum. The # of years and premium $$$/mode are also bracketed and would be customized for each insured that is provided an offer.
    - [(Please note that the Lifetime Benefit Maximum above does not reflect claims paid or payable. In addition, for certain optional riders to remain in effect, both policyholders must maintain identical coverage.)] This sentence is also bracketed and will appear if the insured is offered an option to reduce their Lifetime Benefit Maximum.
        - [Insert for insureds who are not provided decrease options] – If the insured is already at the lowest Nursing Facility Care Benefit and Lifetime Benefit Maximum, this paragraph will be included on the

insured's letter. The insured will be able to contact the customer service team to discuss if there are other available options, such as lengthening the elimination period, or dropping a rider**.** ***Insert instructions apply to our third-party administrator when a variable option is applicable to an insured. If a variable option is not applicable, then insert instruction(s) and the variable option(s) will not appear in the policyholder notification letter.***

- Page 2/3, **Cancel Your Coverage**
    - *[Insert for No NonForfeiture feature letters (applies to insureds with CBUL):] This paragraph will appear if the insured's policy does NOT include a Nonforfeiture feature.* ***Insert instructions apply to our third-party administrator when a variable option is applicable to an insured. If a variable option is not applicable, then insert instruction(s) and the variable option(s) will not appear in the policyholder notification letter.***
    - *[Insert for letters to insureds with Nonforfeiture Shortened Benefit Period (SBP):] This paragraph will appear if the insured's policy DOES include Nonforfeiture.* ***Insert instructions apply to our third-party administrator when a variable option is applicable to an insured. If a variable option is not applicable, then insert instruction(s) and the variable option(s) will not appear in the policyholder notification letter.***
    - Under the section, **Cancel Your Coverage:** The [xx-xx-xxxx] will be 30 days from the date of the policyholder letter.

- Page 3, third paragraph under Cancel Your Coverage: The customer service telephone number has been bracketed, in the event it changes in the future.
- Page 3, fourth paragraph under Cancel Your Coverage: The [xx-xx-xxxx] will be 30 days from the date of the policyholder letter.
- Page 3, #4 – The customer service telephone number and hours of operation is bracketed, in the event these change in the future.
- Page 4, second bullet under Next Steps – [COMPLETE DATE] will be 30 days from the date of the letter.
- Officer title and signature: Is bracketed in the event this changes in the future.

TIAA-CREF Life Insurance Company
730 Third Avenue
New York, NY 10017-3206
212 490-9000 1 800 223-1200

Contingent Nonforfeiture Benefit Upon Lapse Rider

Insured: **Policy Effective Date:**
Policy Number: **Rider Effective Date:**

Qualifying for Benefit under this Rider

This benefit is triggered if: (a) we increase premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of your initial premium, based on your age at issue as shown under this Rider (see the Table of Triggers for a Substantial Premium Rate Increase on the reverse side); and (b) you lapse your policy within 120 days of the date the new premium increase is due.

Notice of Premium Increase

We will notify you at least 30 days before the premium due date of a substantial premium rate increase. On or after the effective date of that substantial premium rate increase, we will: (a) offer to reduce your policy benefits without requiring additional evidence of insurability to a level such that your required premium will not increase; or (b) offer to convert your coverage to a Shortened Benefit Period as detailed below (this option may be elected at anytime within 120 days of the due date of the substantial premium rate increase); and (c) notify you that a default or lapse at any time during the 120-day period shall be deemed to be the election of the offer to convert to the Shortened Benefit Period.

Shortened Benefit Period

Under the Shortened Benefit Period, your current Daily Benefit Maximums will become fixed at the date of lapse and will remain constant thereafter, and your new total Lifetime Benefit Maximum will be reduced to the greater of (a) one hundred percent of the sum of all premiums you paid, including the premiums paid prior to any changes in benefits; or (b) thirty times the Nursing Facility Care Daily Benefit Maximum in effect at the time your policy lapsed.

However, if you already received benefits under your policy so that your remaining Lifetime Benefit Maximum, prior to the date of lapse, is less than the new Lifetime Benefit Maximum (as detailed above), the amount of coverage that will be available to you will be that remaining amount.

This reduced level of coverage, if any, will be effective on the first day after the end of the period covered by your last premium and will continue until the earlier of the day of your death or the day your Lifetime Benefit Maximum has been reduced to zero. Once this Rider goes into effect, your policy, with this new reduced Lifetime Benefit Maximum, will be considered "paid-up" with no further premiums due and: (a) you may no longer change your benefit amounts; and (b) you will no longer receive increases from any inflation option that might be part of your policy.

Except for the reduced Lifetime Benefit Maximum, all other policy benefits will remain at the levels attained at prior to the time of the lapse and will not increase hereafter.

Mark L Sarles
Secretary

Burton Nest
President

Triggers For A Substantial Premium Rate Increase

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Tel: 860-656-3809

Gina Jisonna
Manager – Product Development

November 11, 2019

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re: Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
SERFF#: META-130630165

Dear Mr. Dismore:

The answers to your questions from your response dated November 5, 2019 are as follows:

Objection 1
- TIAA Contingent Rider - 04, TCL-LTC-CNF (Form)
Comments: 1) Please withdraw this form from the Form Schedule and place it under the Supporting Documentation tab.
2) This form was previously approved in Virginia on 11/20/2002. However, the TCL-LTC-CNF (VA) form provided is a similar form but not the exact form that was approved. Please be sure to place the actual form approved in Virginia under the Supporting Documentation tab.
Response: The correct form is not on the Supporting Documentation tab.

Objection 2
- Policyholder Letter, PHLTR-TCL-VA (Form)
Comments: Page 2, there appears to be a spacing issue between the sentence ending in "...there are any additional options available to reduce coverage." and the bolded text "Your current and new premium amounts." Please revise.
Response: *Please note that "Your current and new premium amounts" is on its' own line, as that is the lead-in for the next sentence and the information which notes what the insured's current premium and new premium will be after the rate increase.*

Objection 3
- EOV- PH Letter and Covg Change Form (Supporting Document)
Comments: The EOV does not contain an explanation regarding the "insert instructions" found throughout the policyholder notification letter. Please list the insertion instructions on the EOV.
This was the compromise resolution agreed upon by the Company to allow the insertion instructions to remain within the policyholder notification letter.
Response: The insert language has been revised, per your November 5, 2019 email. The insert language on the EOV was not moved, as it appropriately follows the language on the letter. The insert language is in italics and bold, so that it stands out.

Objection 4
- Coverage Change Form, COVCHG-TCL-VA (Form)
Comments: Page 2, return address below the Signature and Date lines, please replace the address, "Metropolitan Life Insurance Company Long Term Care [PO Box 14634, Lexington, KY 40512-4634] with the address that is referenced at the top of Page 1.
Response: The return address is our return address and cannot change. The return address below the signature line is the address of our third-party administrator, and that address cannot change, as this is the address where insured would send back their completed coverage change forms.

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Gina Jisonna
Manager – Product Development

Metropolitan Life Insurance Company
1300 Hall Boulevard, Bloomfield, CT 06002
Tel: 860-656-3809

Gina Jisonna
Manager – Product Development

November 12, 2019

Bill Dismore
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA

Re: Individual Long-Term Care Insurance – Premium Rate Schedule Increase Filing
SERFF#: META-130630165

Dear Mr. Dismore:

The answers to your questions from your response dated November 12, 2019 are as follows:

Objection 1
- Coverage Change Form, COVCHG-TCL-VA (Form)
Comments: Please explain why the address under the signature on the TIAA-CREF Coverage Change Form letter (i.e. Metropolitan Life Insurance Company Long Term Care [PO Box 14634, Lexington, KY 40512-4634]) does not match the name and address published in the header of the letter (i.e. MetLife Services and Solutions, LLC as administrator [P.O. Box 990028, Hartford, CT 06199-0028]).
The introduction of "Metropolitan Life Insurance Company Long Term Care" is not an approved entity under TIAA-CREF Life Insurance Company.
Response: We have revised the address under the signature line on the TIAA-CREF coverage change form to read, "MetLife Services and Solutions, LLC, as administrator. Please find included with this response revised copies of the coverage change form (clean and redlined versions).

Objection 2
- TIAA Contingent Rider - 04 (Supporting Document)
Comments: In our previous objection letter we requested that the Company provide the approved TCL-LTC-CNF (VA) form.
The form provided under Supporting Documentation is a similar form but not the exact form that was approved in Virginia. Please explain or provide the SERFF tracking number for the approved form or a copy of the form along with the approval letter or stamp.
Response: The Contingent Benefit Upon Lapse Rider (CNF) was part of the original filing submitted by TIAA-Cref. The copy included in the filing is the only version available to us. As previously stated, this rider is not applicable to this increase and will not be issued. The LCUL Rider approved by your department on 11/9/2018 will be issued as there is no age restriction, making it more beneficial to the insured as opposed to the more conservative CNF.

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna
Manager – Product Development

TIAA-CREF Life Insurance Company, MetLife
Services and Solutions, LLC as administrator
P.O. Box 990028, Hartford, CT 06199-0028

March 25, 2019

John Doe
123 Main Street
Richmond, VA 23123

Re: Notice of Long Term Care Insurance Premium Adjustment for Policy #12345-6789

Dear John Doe:

This letter is to inform you that we are implementing a 73% premium increase on your long term care insurance policy which was issued in Virginia. **Your policy is insured by TIAA-CREF Life Insurance Company,** and is administered by MetLife Services and Solutions, LLC.

The increase affects a broad group of policyholders and does not target individuals based on personal factors such as age, health status or claims history. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by changes to actuarial assumptions since the initial pricing. Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.

The rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at ww.scc.virginia.gov/BOI.

It is important that you be aware that as explained on the first page of your policy, and subject to any applicable regulatory approval, **WE RESERVE THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** In the event of future rate increases, options, similar to those being offered at this time, if applicable, may or may not be available but decreases in coverage can be made at any time, per the provisions of your policy.

This letter explains the change to your premium, which is scheduled to take place on the date indicated below which coincides with your Policy Anniversary date. Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider. Please note if you are already at the minimum Nursing Facility Care Daily Benefit, or Lifetime Benefit Maximum, please call Customer Service to discuss whether there are any additional options available to reduce coverage.

Your current and new premium amounts

The premium amount for your Long Term Care Insurance policy is scheduled to increase as follows, on the date indicated below:

Current Premium Amount	New Premium Amount beginning on June 1, 2020
$1,000.00/annually	$1,730.00/annually

Please note that if you qualify for Waiver of Premium at the time the increase becomes effective, there will be no impact to your coverage or premiums unless your obligation to make payment resumes.

Options to consider

Please note that the current coverage and premium provided in this letter is as of January 15, 2020. This may not reflect any coverage changes that have occurred or are scheduled to occur between this date and the effective date of your increase.

1. Continue your current coverage by paying the new premium amount when due.
No additional action is required by you.

2. Reduce your coverage:

- **Reduce your Nursing Facility Care Daily Benefit from $200.00 to $150.00.** This will bring you to a revised premium of approximately $1500.00/annually.
- **Reduce your Lifetime Benefit Maximum from 5 years to 3 years.** This will bring you to a revised premium of approximately $1350.00/mode.

(Please note that the Lifetime Benefit Maximum above does not reflect claims paid or payable. In addition, for certain optional riders to remain in effect, both policyholders must maintain identical coverage.)

Please note that all options available to the policyholder may not be of equal value.

3. Cancel your coverage:

Our records indicate your policy includes a Nonforfeiture Feature in the form of a policy provision, endorsement or rider that provides for reduced or limited coverage in the event that your policy Lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage you are eligible for the limited coverage as described in your policy under the Nonforfeiture Feature. (*Please note that this limited coverage is not intended to replace coverage you currently have*.)

4. Please note that you may also be able to reduce your premium by changing your elimination period or removing additional cost riders that were added to your policy. Please contact **the customer service team at (888) 748-4824** between the hours of 8:00 a.m. and 11:00 p.m. Eastern Time, Monday through Friday, if you wish to discuss whether there are additional coverage decrease options available to you.

Next Steps

- If you choose to maintain your current coverage at the new premium, you do not need to take any action at this time. Simply pay your new premium when it becomes due.
- If you choose to decrease or cancel your coverage, we request that you return your Coverage Change Form to us by May 25, 2020 so we can process your request to coincide with the premium increase date. Should you need more time to decide on a coverage decrease, you may request a decrease in writing at any time.

Please note that any changes in your coverage between now and your policy anniversary date when the new premium goes into effect will be calculated at the **new** rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect**. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this premium rate schedule at any time.** We want to thank you for choosing to plan for your future long term care insurance needs.

Sincerely,

Thomas Reilly
Assistant Vice President, Product Management & Compliance

Encl: Coverage Change Form
Business Reply Envelope

`PHLTR-TCL-VA

TIAA-CREF Life Insurance Company, MetLife
Services and Solutions, LLC as administrator
P.O. Box 990028, Hartford, CT 06199-0028

TIAA-CREF Life Insurance Company
Long Term Care Insurance Coverage Change Form

John Doe
Policy # 12345-6789
Distribution Alliance ID # 0097543
New Premium Amount Date: June 1, 2020

If you intend to maintain your current coverage at the new increased premium, there is no need to complete this form.

Please use this form to request decreases in your long term care insurance coverage or to cancel your policy. If you have any questions, you can speak with a customer service team member at **(888) 748-4824,** available between the hours of 8:00 a.m. and 11:00 p.m., Eastern Time, Monday through Friday.

Coverage Decrease Options

- ☐ Reduce my Nursing Facility Care Daily Benefit Amount from $200.00 to $150.00. This will change my premium from $1730.00/annually to $1500.00/annually.
- ☐ Reduce my Lifetime Benefit Maximum duration from 5 years to 3 years. This will change my premium from $1730.00/annually to $1350.00/annually.
- ☐ Other _____ _____
  _____
- ☐ Please CANCEL my policy. I understand that this will trigger coverage under the Nonforfeiture feature or rider which I purchased with my policy. *As you consider this option, please note that this is **limited** coverage and not intended to replace the coverage you currently have.*

Please note you may not be able to increase benefits in the future without providing evidence of insurability. If your policy includes a Survivor Waiver or Shared Care rider, please note that both policyholders must maintain identical coverage in order for these to remain in effect. Please refer to your policy for additional detail.

I understand the policy change(s) I have selected above. I agree that any change(s) will become effective on the policy anniversary date coinciding with the premium increase. (Cancellations will be processed consistent with the terms of your policy and any applicable endorsements.)

Please note: It may not be in your best interest to make reductions to your coverage while in claim.

Signature: _____ Date: _____

Please return signed form by May 25, 2020 to:

MetLife Services and Solutions, LLC as administrator
Long Term Care
PO Box 14634
Lexington, KY 40512-4634

Phone: (888) 748-4824
Fax: (866) 314-5612