

RECEIVED

APR 16 2015

MAILROOM

CNA
P. O. Box 64912
St. Paul, MN 55164-0912

Attention: Jennifer White, Director, Long Term Care Administration

Subject: 25% Premium Rate Increase; Projected multi-year increase of 110.9%
[REDACTED]

COPY: MN DEPT OF
COMMERCE -
INS. DIV.

MIKE
ROTHMAN

Ms. White,

This letter is to strongly protest the above exorbitant rate increases. It goes without saying that you are penalizing those who can afford it least: SENIOR CITIZENS, on fixed incomes. You, and the State of Minnesota Department of Commerce, must realize that we who purchased the LTC policies are the persons who have tried to look out for ourselves. We are the people who have the pride and honor to **NOT** listen to the lawyers who advise clients on "how to become legally impoverished" thus forcing the State and Federal Government to pay the Long Term Care costs of our senior disabled years. Yet we are the persons who are now penalized for making such efforts to responsibly care for ourselves.

Your letter claims that neither current market conditions nor "older and sicker" policy holders are the basis for the increase. It is beyond comprehension that your "experts" in the insurance business were (are?) so inept that they could not forecast the coming need for an immediate 25% increase with anticipated "multiyear... cumulative increase of 110.9%. UNBELIEVABLE!! Or was it on the basis that "we will get them in and then sock it to them"? Of course the fact that you have stopped selling LTC makes the long term intentions of CNA it very suspect.

IF CNA made a "mistake" in setting rates, you undoubtedly expect the LTC policy holders to "correct" your mistake, to eat the cost of the inept projections the CNA "experts" made. Does CNA does not have a sense of responsibility for making bad judgement projections? Does the LTC policy holder have to bear the full burden of CNA's erroneous projections? Does CNA not have a shared financial responsibility?

Undoubtedly you are aware of the considerable negative social media commentary on the difficulty of filing CNA LTC claims and receiving payment. The impression is given that you will reduce your costs any way possible, regardless of the ethical or moral appearances. If you are not aware, I suggest that you have your e-media staff keep you informed. CNA is acquiring a social media reputation for placing impossibly high hurdles in front of every client who tries to file LTC claims. Perhaps you should consider the fact that CNA's mainstream "bread and butter" insurance will ultimately be negatively affected by acquiring a reputation for such callous treatment of LTC clients, especially callous treatment of Senior Citizens who are trying to look out for themselves.

You are well aware of the demographics of LTC policy purchasers: slightly above the "Let the government take care of me" status, but well below those who are sufficiently well heeled to pay LTC costs from their own resources. We are the people in the middle. We are those who can least afford the exorbitant and selfish increases CNA is ramming through. And no one cares.

I purchased my policy through the Minneapolis AAA office. I trusted Guy Milburt's information and AAA's reputation. CNA has done AAA a great disservice! Today I am not sure I could trust any information that came from the AAA insurance specialists. Yet I do not blame them; they were evidently using the information CNA made available to them.

I read your four page FAQ's carefully. It offers no justification for CNA's inept and selfish actions. And your "Contingent Non-Forfeiture Benefit Illustration" offers nothing more than a somewhat veiled attempt to encourage cancellation. In my case, we purchased policies for both my wife and me. You made 100% profit on my wife's policy; she has passed away. You should be delighted that you had to pay no claims in her case.

In my case, I have advised my children to be alert to the fact that I do have (or thought I had) Long Term Care insurance from CNA. I have also forwarded to them the social media commentary regarding the hurdle-jumping process they must prepare for if it ever becomes necessary to file a claim in my behalf. They must "gird for battle" if they ever have to claim in my behalf.

For the future, I sincerely hope CNA and the State of Minnesota take into account the moral and ethical obligation to the policy holders of CNA LTC policies. In anticipation of CNA's ethical and moral future conduct, I have sent in my policy renewal, including the 25% increase.

Disappointedly yours,


Copy:

Minnesota Department of Commerce; Insurance Division
Attention: Mike Rothman, Commissioner
85 7th Place East, Suite 500
St. Paul, MN 55101

AAA of Minnesota
5400 Auto Club Way
Minneapolis, MN 55416-2576
Attention: Insurance Department



333 S Wabash Ave. Chicago IL 60604

Carlotta Walker
Long Term Care Consultant

May 29, 2015

Yolande Bruce
Senior Investigator
Minnesota Department of Commerce
85.7th Place East, Suite 500
St. Paul, MN 55101

RE: File No.: 37019
Underwriting Co.: Continental Casualty Company
NAIC No.: 20443
Policyholder: [REDACTED]
Policy No.: [REDACTED]

Dear Ms. Bruce:

Continental Casualty Company ("CCC"), which is one of the CNA insurance companies, acknowledges the receipt of the Minnesota Department of Commerce (the "Department") email dated May 14, 2015 transmitting a complaint submitted by [REDACTED]

Please be advised that the CCC received the same correspondence from [REDACTED] and responded to him directly on May 28, 2015. For your convenience, I've enclosed a copy of this response.

[REDACTED] was issued a Minnesota N0100 Preferred Solution Tax-Qualified long term care policy May 3, 2000.

When CCC originally priced this class of policies, it considered various assumptions which were based on CCC's best estimates of future experience. Since that time, it has become clear that certain of these assumptions were inconsistent with the actual experience that CCC has seen over time. Therefore, current premium levels need to be updated to better reflect the future anticipated claims on these policies and to ensure that CCC is able to provide covered benefits to its policyholders in the future. The right to adjust the premiums charged to policyholders for this particular product is expressly set forth on the first page of the policy form.

Premium increases are made in accordance with state laws and regulations. The rate increase request submitted to the Department on this class of policies included complete documentation of the need for the increase and was approved by the Department on February 20, 2014. The filing indicated that CCC would continue to evaluate this block of business, and would seek additional premium rate increases over the next few years as part of a multi-year effort to achieve an actuarially appropriate rate level which was determined to be a cumulative increase of 110.9%.

Notification of the rate increase was sent to [REDACTED] on January 26, 2015 to ensure at least 90 days of notice before the rate adjustment was applied.

Because we know that rate increases can be challenging for our policyholders, we have offered a variety of ways in which to mitigate or offset the impacts of these rate increases. These benefit reduction options include reducing the Maximum Lifetime Benefit, reducing the Maximum Daily Benefit amount, increasing the Elimination Period or deleting optional riders for which a premium is charged. Also, [REDACTED] had the additional option of the Contingent Non-Forfeiture Benefit. This benefit allows for him to stop paying premium and receive a paid up policy with a Reduced Maximum Lifetime Benefit equal to the premium paid.

Our records show that [REDACTED] accepted the rate increase and that his policy is paid to May 2, 2016.

Should [REDACTED] have any questions regarding the rate increase or his long term care policy, he may contact our Customer Service at 1-888-397-5824.

I am enclosing the following related documents for your reference:

- CCC's Minnesota rate increase filing for form N0100
- Specimen policy form – P1-N0100-A22 please refer to the first page of the contract regarding possible rate increase action
- Premium Adjustment notice sent to [REDACTED] dated January 26, 2015
- Complaint letter received from [REDACTED]
- CCC's response to [REDACTED] dated May 29, 2015

If the Department has any further questions or requires additional documentation, please direct such an inquiry to our Consumer Services Hotline (877-584-1260) or Consumer Services Mail box at consvcs@cna.com. Thank you for the opportunity to respond to [REDACTED] complaint.

Sincerely,

Carlotta

Carlotta Walker
Long Term Care Consultant
312-822-1704

Enclosures



333 S Wabash Ave. Chicago IL 60604

Carlotta Walker
Long Term Care Consultant

May 29, 2015

[REDACTED]
[REDACTED]
RE: Policy Number: [REDACTED]
Continental Casualty Company

Dear [REDACTED]:

Continental Casualty Company ("Continental"), which is one of the CNA insurance companies, is in receipt of your correspondence and your complaint filed with the Minnesota Department of Commerce (File # [REDACTED] concerning the premium rate increase on your policy. We would like to provide you with some additional information to help explain why these rate increases are necessary.

First, however, we would like to emphasize that we understand that premium rate increases such as these are difficult for our policyholders. Continental does not take lightly the decision to implement premium increases. Like all responsible insurers, Continental continuously monitors the experience of its policies to ensure it will be able to meet the future anticipated claim obligations.

When originally pricing this class of policies, Continental considered various assumptions that were based on its best estimates of future experience at that time. These assumptions included morbidity (the frequency and severity of illness, sickness, and diseases contracted), discount rates and persistency (the percentage of policies remaining in force). Since that time, however, it has become clear that certain of these assumptions were inconsistent with the actual experience seen over time by Continental and the long term care insurance industry as a whole.

In addition, an issue age, level premium product like long term care insurance requires projecting the expected lifetime premiums and claims to determine whether the original product pricing remains adequate (i.e. future premiums in combination with existing reserves will be adequate to fund anticipated future claims). With respect to the Preferred Solution product, the original product pricing has been identified as being inadequate due to higher than expected claims over the life of the product, primarily driven by higher persistency.

For these reasons, Continental has had to implement rate increases in recent years on the Preferred Solution product. The rate increase request submitted to the Minnesota Department of Commerce on this class of policies included complete documentation of the need for the increase and was approved by the Department on February 20, 2014. The submission to the Department also advised that we would continue to evaluate this

block of business, and would seek additional premium rate increases over the next few years as part of a multi-year effort to achieve an actuarially appropriate rate level which was determined to be a cumulative increase of 110.9%.

Our records show that you have accepted the rate increase and that your policy is paid to May 2, 2016.

Finally, our goal is to ensure that our policyholders and their representatives are provided professional, compassionate and responsive customer service in the course of administering claims or policy related requests. Further, Continental is fully committed to processing and paying claims under its policies in compliance with the policy terms and all applicable laws and regulations.

We appreciate you taking the time to voice your concerns. Should you have additional questions regarding your long term care policy, please contact our Customer Service representatives at 1-888-397-5824.

Sincerely,

Carlotta

Carlotta Walker
Long Term Care Consultant

cc: Yolande Bruce, Minnesota Department of Commerce

Dear Minnesota helpers:

I have attached a rate increase letter from Kanawha Insurance Co of Pensacola FL for long term care insurance for my wife and me. I believe this proposed increase is exorbitant and unjustifiable based on their reported criteria.

This group policy was written for [REDACTED] with our application dated 6-18-2002. We have paid all premiums, by bank draft, since then. Premiums were monthly, each \$57.41 at that time and have risen through reasonably paced increase to current rate of \$86.28. The proposed increases are for approximately 30% for 2015, 15% for 2016 and 7% for 2017.

I am aware that nursing and home health costs have increased. But this huge and rapid rise in premiums does not make sense for this group policy.

The policies were on Form 80650 1/97 MN (00). The company address is PO box 12830, Pensacola FL 32591. Phone 800-260-2162. Policy numbers in question for us are # [REDACTED] and # [REDACTED].

The justification listed for the increase is "based on the experience of all policyholders within your state with a policy similar to yours." In this case, that number has to be close to zero, since this would be Minneapolis teachers who have retired to [REDACTED] and who have "experience" which I should think means claims.

As of today, Kanawha people are insisting the rate increases are based only on [REDACTED] experience. The [REDACTED] Insurance Commissioner is adamant that rate increase proposals/approvals had to come via the Minnesota Insurance Commission. Please research your approval process for this rate increase and let us know the results.

Thank you.

[REDACTED]



LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [Redacted]
Street Address: [Redacted]
City: [Redacted] State: [Redacted] ZIP Code: [Redacted]
Home Phone: [Redacted] Work Phone: [Redacted]
Email Address: [Redacted]

2. Insured

Name (if same, write "same"): SAME
Relationship to the insured: _____

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: Genworth Long Term Care Ins.
Street Address: P.O. Box 40005
City: Lynchburg State: VA ZIP Code: 24506

Name of Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

Name of Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

4. Type of Insurance Involved (pick one)

- Individual Life
- Individual Health
- Workers Compensation
- Group Life
- Group Health
- Medicare Supplement
- Long Term Care
- Dental
- Other

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5. Policy Information

Policy Number: 
Group or Certificate Number: _____
Name of Employer/Association (if group insurance) _____
Effective Date: JUNE 2003

6. Claim Information

Claim Number: _____
Date of Loss/Treatment: _____

7. Reason for Complaint (check one or more)

- Claim Denial
- Claim Dispute /Delay
- Sales /Service
- Premium Rating Problem
- Cancellation /Non-Renewal
- Medical Necessity / Usual & Customary Reduction
- Other (please specify) _____

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

I am complaining about rate increases on insurance policies on old people causing them difficulty to maintain their policy when they are getting to the age when they will need it. I purchased this insurance 12 years ago and have paid the premiums. Now the state of Minnesota has allowed the such insurance company to raise their rate making it more difficult for a person on a fixed income to pay. We had the same problem on life insurance. Nursing home costs keep going up and the care goes down, soon the state will be paying the nursing home so why have insurance? (Please attach additional sheets as necessary) The rich get richer & the poor get poorer.

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

6-4-15
Date


Signature of Complainant

Mail written complaints to:
Minnesota Department of Commerce
Attn: Consumer Protection & Education
Division, 85 7th Place East, Suite 500,
St. Paul, MN 55101



LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [Redacted]
Street Address: [Redacted]
City: [Redacted] State: [Redacted] ZIP Code: [Redacted]
Home Phone: [Redacted] Work Phone: [Redacted]
Email Address: [Redacted]

2. Insured

Name (if same, write "same"): SAME
Relationship to the insured: _____

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: GEN WORTH LONG TERM CARE INSURANCE
Street Address: P.O. Box 40605
City: Lynchburg State: VA ZIP Code: 24506

Name of Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

Name of Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

4. Type of Insurance Involved (pick one)

- Individual Life
- Individual Health
- Workers Compensation
- Group Life
- Group Health
- Medicare Supplement
- Long Term Care
- Dental
- Other

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5. Policy Information

Policy Number: _____

Group or Certificate Number: _____

Name of Employer/Association (if group insurance) _____

Effective Date: June 2003

6. Claim Information

Claim Number: _____

Date of Loss/Treatment: _____

7. Reason for Complaint (check one or more)

Claim Denial Claim Dispute /Delay Sales /Service

Premium Rating Problem Cancellation /Non-Renewal

Medical Necessity / Usual & Customary Reduction

Other (please specify) _____

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

My complaint is that the state of Minnesota approved a premium increase for people having long term care insurance. This was told to me by Amber @ Genworth Life in Lynchburg, Virginia. 1-800-456-7766. When people get to a fixed income and elderly then it will be priced so it will be difficult to maintain these price increases. So therefore we have paid into a company for 12 years and will get nothing back when we may need to use it. Also I think the state needs more evaluation on nursing home costs anyway cause the care is not

(Please attach additional sheets as necessary)

(OVER)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date

6-4-15

Signature of Complainant

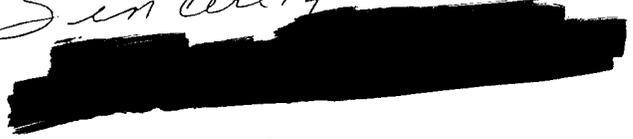
[Redacted Signature]

Mail written complaints to:

Minnesota Department of Commerce
Attn: Consumer Protection & Education
Division, 85 7th Place East, Suite 500,
St. Paul, MN 55101

good and extremely expensive - Someone is getting wealthy and the care level is getting worse. We have family in nursing homes so we know first hand what the care level is. Please consider this simple complaint.

Sincerely

A thick black horizontal bar redacting the signature of the sender.

November 19, 2014

[REDACTED]

To Whom It May Concern:

I am writing to you as a concerned Genworth Life Long Term Care Insurance Policy holder. I am appalled at the fact that the annual premium for my long term care insurance increased by 12.8% in one calendar year.

I have only had this policy for about two years, so this is a dramatic increase in premium. This insurance will become completely unaffordable by the time I will actually need it. I hope that the department is diligently watching and evaluating the Long Term Care Insurance industry. With increases like this, I do not feel comfortable that is the case.

Thank you for your time and consideration.

Respectfully,

[REDACTED]

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Genworth Life
 PO Box 40005
 Lynchburg, VA 24506

002 00277

Long Term Care Insurance

Premium change notice

September 24, 2014

from Genworth Life Insurance Company

Insured

[REDACTED]

Policy number

[REDACTED]

Agent

[REDACTED]

Customer service

866 848.3284

M-Th: 8:30 - 8PM ET

F: 9 - 8PM ET

genworth.com

Dear [REDACTED]

We are writing to notify you that the premium for your Long Term Care (LTC) insurance policy will increase as outlined below.

Genworth is committed to providing long term care insurance benefits to our policyholders when they need them most. As part of our commitment to meet the future needs of our policyholders, we routinely monitor the experience of our long term care insurance policies. Based on our analysis, we have determined that a premium increase is necessary on certain long term care insurance policies, and your policy is one of those affected.

We understand that a premium rate increase can be difficult for policyholders and that certain policyholders may be unable, or unwilling, to pay the increased premium. Therefore, we are offering various options to help policyholders keep their premium at, or about the current level to help minimize the effect of the premium increase. In addition, we are offering an Optional Limited Benefit, which is described in the attached Endorsement. This letter and the enclosed "Frequently Asked Questions" provide information about these options, including contact information for our dedicated customer service team who can assist in reviewing your options.

About the premium increase

Our decision to increase premiums is primarily based upon the fact that the expected claims over the life of your policy are higher than we originally anticipated when your policy was priced. It is important to note that this premium increase is being implemented in accordance with the laws and regulations of the state (commonwealth or district) in which your policy was issued for delivery. The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Our decision to increase premiums was not determined based upon the current economic environment.

Your premium

The annual premium for your long term care insurance policy is scheduled to increase from \$3,117.50 to \$3,516.54 on your next billing anniversary date, 11/30/2014. This represents an increase of 12.800% in the premiums for your policy.

In addition, please note that in accordance with the terms of your policy, we reserve the right to change premiums and it is possible that your premium will increase again in the future.

This letter is not a bill and you will receive a billing statement prior to your billing anniversary date or if using automatic deduction to pay premiums, your designated account will be drafted with the new premium amount.

What are my options?

Keep Your Current Coverage By Paying the New Premium

You may continue your current coverage by paying the new premium shown on the billing statement that you will receive shortly. You will need to make this payment on or before 11/30/2014.

- If you are currently paying your long term care insurance premium by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount.
- If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to 11/30/2014 to revise the payment amount.

- If you are a policyholder currently receiving benefits and not paying premium due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you of the increase that will become payable in the future if the Waiver of Premium provision is no longer in effect.

Reduce Your Coverage & Keep Your Premium About the Current Level

You may keep your premium at or about the current level by electing available options that may help minimize the effect of the premium increase, including the following:

- You may choose to reduce your maximum monthly benefit, and/or
- You may choose to adjust your benefit period, inflation option or elimination period.

Please note: By reducing your maximum monthly benefit or benefit period, your lifetime maximum is also reduced. In addition, other benefits may be proportionately reduced. Any benefits paid will be deducted from the reduced Lifetime Maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Please note that some states require policyholders to maintain a minimum benefit level which may limit your reduced benefit options. We are happy to inform you of any such limitations applicable to your policy in the event you contact us for this information.

IMPORTANT: If you choose to decrease your benefits, you may change your decision in writing within 60 days of our written confirmation of your benefits reduction. Following this, you cannot increase your benefits or go back to your original benefits.

Select a Limited Benefit with No Further Premium Requirement

You may select an Optional Limited Benefit Endorsement. As a result of this premium increase, we are offering an Optional Limited Benefit. This endorsement allows you to elect a limited paid-up long term care insurance benefit. This benefit provides a paid-up benefit with total coverage equal to the total premium paid, excluding waived premium, less any claims paid. A policy lapse at any time after the date of this letter and within 120 days following 11/30/2014 will be deemed to be the election of this benefit.

Please note: This Endorsement will significantly reduce your benefits. Please review the Optional Limited Benefit Endorsement for more detailed information prior to making this election

Tell us what decision is right for you.

Please carefully evaluate your individual situation before selecting from these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your policy to retain the valuable protection it provides.

As you evaluate what is best for you, we also encourage you to review the current and projected cost of care in your area, as well as how much of that amount you are willing and able to pay from your own savings. For current cost of care information specific to your area, please visit our website Genworth.com/costofcare.

We will be happy to help you review each of these options. If you would like to modify your benefits to reduce your premium, please contact your insurance agent or our dedicated customer service team at 866 848.3284 to review your options.

We appreciate the opportunity to serve you.

Sincerely,



Elena Edwards
Senior Vice President

enclosures: 159095 01/13/14, 158271 10/17/13, 150023 11/01/13

FREQUENTLY ASKED QUESTIONS

Q: Why is Genworth raising long term care insurance rates?

A: Our decision to increase premiums is primarily based upon the fact that the expected claims over the life of your policy are higher than we originally anticipated when your policy was priced. The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Our decision to increase premiums was not determined based upon the current economic environment. Additionally, most state regulation requires insurance carriers, like Genworth, to support our request for a rate increase with actuarial justification.

Q: The letter states that Genworth "reserve[s] the right to change premiums and it is possible that your premium rate will increase again in the future." What does this mean?

A: Your policy gives us the right to increase your premium on a class-wide basis. Therefore, we reserve the right to change premiums again in the future, on a class-wide basis, if our experience warrants an increase. We routinely send you a brochure entitled "Important Information About Long Term Care Insurance Premiums," reminding policyholders that premiums can be increased on a class-wide basis. Since the estimated claims over the life of your policy form are anticipated to be higher than we originally anticipated when your policy was priced, it is possible that your premium rate will increase again in the future.

Q: What is the purpose of the rate increase history included with this letter?

A: In accordance with the requirements of the state (commonwealth or district) where your policy was issued, we are providing you with the disclosure of our rating practices, which includes the history of previous rate increases that have been implemented on policies or certificates that were underwritten by Genworth companies.

Q: But, I've never filed a claim. Why am I getting a rate increase?

A: Premiums are increasing for all policies in your policy class and are not increasing due to a change in your age, health or claim activity.

Q: I am currently receiving benefits. Am I affected by this increase?

A: If the premium rate increase applies to your policy, you will not be required to pay the increased premium until the Waiver of Premium benefit no longer applies, as provided in your policy.

Q: I can't afford to pay higher premiums.

A: With this rate increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium payment mode to annual. Additionally, an Optional Limited Benefit is available. We encourage you to contact us, your insurance agent, or your trusted financial advisor to evaluate your particular situation in order to help you select the option that you believe is best suited to your individual needs.

Q: What is an Optional Limited Benefit ?

A: An Optional Limited Benefit, if exercised, allows the policyholder to have a paid-up long term care insurance benefit with benefits equal to the total of premium paid, excluding any waived premium, less any claims paid. Please note that a policy lapse at any time after the date of this letter and within 120 days following 11/30/2014 will be deemed to be the election of this benefit.

As this option could significantly reduce the policy benefits, we encourage you to keep, or reduce your existing coverage rather than elect the Optional Limited Benefit. Please review the Optional Limited Benefit Endorsement for more detailed information prior to making this election.

Q: If I decrease my benefits now, can I change my mind and increase my benefits in the future?

A: Once you decrease your benefits, you may change your mind and return to your pre-decreased benefit amounts if you notify us of your decision within 60 days after the date of our benefit change confirmation to you. Unfortunately, once you decrease your benefits, you cannot increase your benefits or go back to your original benefits if you do not notify us within this 60-day period of time. Before making a decision, we encourage you to carefully consider each option available to you and visit Genworth.com/costofcare to learn more about the expected cost of care in your area.

Q: If I wish to cancel my policy, what do I do?

A: We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at or around the same amount as before the rate increase. We encourage you to consult with your family, your insurance agent, or trusted financial advisor before making a decision to reduce or cancel this coverage. If you choose to cancel your policy we will do so upon our receipt of your signed and dated request.

A: Can I reverse my decision to cancel my policy?

Once you cancel your coverage, you may change your mind and request that we reverse this request if you notify us of your decision within 60 days after the date that we confirm the cancellation of your coverage. Unfortunately, after this 60 day period your request to cancel your policy cannot be reversed. We encourage you to consult with your family, your insurance agent, or trusted financial advisor before making a decision to reduce or cancel this coverage.

[REDACTED]

[REDACTED]

January 7, 2015

Tammy Lohmann, Director
Insurance Product Filing Division
Minnesota Department of Commerce
85 7th Place East, Suite 500
St. Paul, MN 55101

Dear Ms. Lohmann

More than ten years ago, my wife and I acquired, on the advice of a financial advisor, Long Term Care insurance coverage from CNA. Last fall, I received a letter from CNA announcing a 25% increase in premium and suggesting that more were to come.

Enclosed find a copy of that letter from CNA and my letter responding to it. My concern is not only for myself, but for others who have undoubtedly found themselves in the same position. It creates a lose-lose financial scenario for people who may be least likely to handle it while, at the same time, creating a strong win-win scenario for the insurance company. This is, to say the least, ethically questionable.

When my wife and I purchased our policies, nothing was said about the premiums being subject to change. The financial advisor certainly did not make a point of it. By the time I found the rider in the final policy, it was in effect. Even then, small increments would have been tolerable, but the picture painted by the CNA letter and the "actuarially appropriate rate level which was determined to be a cumulative increase of 110.9%" is frightening.

Apparently, I am not alone in my thinking. I have spoken with the office of the [REDACTED] State Commissioner of Insurance and, if a policy holder has had a policy issued in that state for more than ten years and is over 75, no more than a 10% increase is allowed. Before I made her aware that my policy was issued in Minnesota, the representative recommended (since I am 78 and have had the policy for 11 years) that I file a complaint.

I don't know if I, or others holding similar policies, have any recourse, but Minnesota needs to take steps to protect the public from flagrant predatory abuses such as this. I am not one who favors large or intrusive government, but the need to protect the public cries out for regulation by the state in cases like this.

There is a related issue that baffles me. The premium adjustment is to be implemented for the state "where your policy was originally issued". Logic would seem to dictate that premiums should relate as closely as possible to the anticipated costs in the area of residence. I doubt that costs are uniform across an entire state. In my case, my policy was issued in the Twin Cities (a heavily populated urban area). I now live in a different

state ([REDACTED]) and in a lightly populated rural area. I fail to see how anticipated costs can be expected to be the same in these two widely divergent areas. It would seem unwise not to take the area or regional cost expectations into account. Could you provide some clarification on this? There are probably factors involved of which I am not aware.

Would it be possible for you to provide me with the Form and Rate Filing information (SERSS No. ?). Both my wife and I have college level mathematics backgrounds and she went part way through actuarial training before her plans changed. We may be able to understand more than a little of that information.

I will appreciate any help and/or perspective you can provide. I need to thoroughly assess my position before I decide what I must do. I know that I do not trust CNA and I may have to sacrifice almost \$50,000 to avoid losing even more in the long run. I am loathe to contribute even one more dollar to what I consider to be an unscrupulous business entity.

Thanks, in advance, for whatever help you may be able to provide. I would welcome a call if you can find a few minutes to help me clarify my situation ([REDACTED]).

Very sincerely,
[REDACTED]

[REDACTED]

McGee, Susan (COMM)

Subject: RE: Long term care.

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, February 04, 2015 2:08 PM
To: Pilot, Lisa (COMM)
Subject: Long term care.

Lisa. I talked at length with New York life and they claim mn. Approved up to a forty per cent rate increase on long term care. When I purchased I was told existing customers would stay the same but new customers would be subject to higher premiums. A forty percent increase would make it unpayable to many people thus canceling their policy. That would mean losing thousands of dollars that New York life would pocket plus all the interest or investment profits. How can that be possible? You would think there would be some protection on this scam [REDACTED]

Sent from my iPhone

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [REDACTED]
Street Address: [REDACTED]
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]
Home Phone: [REDACTED] Work Phone: [REDACTED]
Email Address: [REDACTED]

2. Insured

Name (if same, write "same"): same
Relationship to the insured: SELF

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: CNA
Street Address: P.O. BOX 64912
City: St. Paul State: MN ZIP Code: 55164-0912

Name of Company, Agent/Broker, etc.: [REDACTED]
Street Address: [REDACTED]
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Name of Company, Agent/Broker, etc.: [REDACTED]
Street Address: [REDACTED]
City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

4. Type of Insurance Involved (pick one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual Life | <input type="checkbox"/> Group Life | <input checked="" type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Individual Health | <input type="checkbox"/> Group Health | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Other |

5. Policy Information

Policy Number: [REDACTED]
Group or Certificate Number: _____
Name of Employer/Association (if group insurance) _____
Effective Date: 3/15/2000

6. Claim Information

Claim Number: _____
Date of Loss/Treatment: _____

7. Reason for Complaint (check one or more)

- Claim Denial
- Billing/Accounting Problem
- Claim Dispute/Delay
- Cancellation/Non-Renewal
- Medical Necessity / Usual & Customary Reduction
- Other (please specify) _____
- Sales/Service

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

Premium to be raised 25% on Mar. 15, 2015. after we were verbally assured rates would never change by the agents at [REDACTED] at time of purchase. Also we were assured of same on later dates. A 25% increase is an outrageous amount to expect policyholders in their senior years to comply with and having been assured several times that rates would not change, this is absolutely criminal!!

(Please attach additional sheets as necessary)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date Nov. 25, 2014

[REDACTED]
Signature of Complainant

Mail written complaints to:
Minnesota Department of Commerce
Attn: Consumer Protection & Education
Division, 85 7th Place East, Suite 500,
St. Paul, MN 55101

[REDACTED]

February 24, 2015

Minnesota Department of Commerce Insurance Division
85 7th Place East, Suite 500
St. Paul, MN 55101

SUBJECT: *Genworth Life* Long Term Care Policy Rate Increases

Greetings:

I am writing to make you aware of a recent increase in rates in my wife's and my long-term care insurance policies with Genworth Life. Our upcoming payment constitutes the 9th year of the 10 year payment contracts we purchased. We are aware that the State of Minnesota promotes purchase of long term care insurance to lessen the burden on county social services budgets, and want you to be informed so that you may determine whether Genworth is playing within the rules. We are also aware that Genworth no longer offers this payment plan because it has been a money loser for them.

I am not particularly concerned that this price increase is illegal. However, I am concerned that an emboldened Genworth may decide to dramatically escalate the price increase in 2016, in the 10th and final year of our payments in order to try to coerce us into dropping or modifying coverage under these policies.

Copies of Genworth's price notification letters and pending invoices are attached. If you need any other information by phone, you may contact me during the day at (651) 602-1127.

Sincerely,

[REDACTED]

Enclosures

RECEIVED
FEB 25 2015
MAILROOM

[REDACTED]

Long term care

I have enclosed a copy of the letter from my Met-Life Long Term Care Insur. Please review this notice as to whether they can make this drastic change at this time to existing policy holders. If their actuarial dept. underestimated the future costs, then that cost should be born by the new customers, not existing policy holders. I realize they claim they have approval from the state of MN., But as it seems a breach of contract, and some of us complain, I am hoping your authority can help us get some action to resolve our request to not allow an increase for other than Cost of Living.

We agreed to a periodic Cost of Living increase with our policy. We thought it prudent to cover long term care if we needed it. But we are also taking a chance we won't use it if we should die suddenly without needing a care facility.

Now it seems to me , they too were taking a chance that we may or may not use it. Therefore I don't think they have the right to increase it now. In fact there should be a class action initiated to stop this increase, at least for existing accounts.

I don't have my policy here in [REDACTED] so I can't verify that this policy allows an increase other than cost of living. Also we used to get the option once a year that we could hold the current premium amount for one year. We could do this only three times , but we never selected that option. I called and asked to do this but it is no longer allowed, yet I expect my policy says I can.

Also my policy benefit is for only 5 years, so shortening the benefit to lower the premium doesn't make sense either.

I have paid in \$ 26,250 so far and [REDACTED] is about the same.

Your help is greatly appreciated. Sincerely,

[REDACTED]

PS We will be leaving [REDACTED] for MN in about 2 weeks, so here is our MN a contact Info.:

[REDACTED]

[REDACTED]

4-12-15

RECEIVED

APR 16 2015

MAILROOM

April 22, 2015

RECEIVED

APR 27 2015

MAILROOM

Tim Vande Hey, CFE
Deputy Commissioner-Insurance Division
Minnesota Department of Commerce
85 7th Place East, Suite 500
Saint Paul, MN 55101

Subject: Met Life Long Term Care Insurance Policies for [REDACTED]

Dear Commissioner Vande Hey

The purpose of this letter is to update you on our Met Life policies and share with you our plan for coverage. I am also providing this information if it is of help to you for the other policy holders. I do have one question at the end on which I would be pleased to have your input.

The rate increases on our policies with Met Life continue to come, and the latest, on my policy, is quite large and may be the "straw that broke the camel's back". I sent a letter to you dated 4/06/15 and attached the notice from Met Life on the first of the two increases the State of Minnesota approved. For the first increase of 15%, my monthly premium goes from \$271.29 to 311.97. Another increase of 10% will occur in June 2016, with the monthly premium then \$343.16.

As you know, the policy holders also are assessed an annual increase for "Cost of Living". I have just received my annual notice for that increase. This increase represents the coverage for the cost increase for a care facility. I have enclosed the notice from Met Life for your information and use without limitation. The increase will be \$63.28 per month. This is added to my present rate of \$271.29 and the new rate will be \$334.57, an increase of 23.33%. This supposedly is based on the consumer price increase. Now add on the agreed to 15% increase and my monthly premium effective June 12, 2015 will be \$384.76. Another statistic associated with this is the increase Met Life will pay per day for covered service in a Care Facility. That value will go from \$163 per day to \$166 per day, an increase of 1.84%. I provide all this for your information.

I have the right to refuse this "cost of living" increase and the present premium would not change. But of course this would be the beginning of diminished coverage for me in a Care Facility. I am seriously considering refusing the increase. I will make that decision in the next two weeks. We will discuss all of this with our sons so they know our thoughts and plans.

Now some additional interesting statistics and comparisons. My wife [REDACTED] received her notice of the "Cost of Living" increase on her policy in April (her birthday is [REDACTED] and mine is [REDACTED]). Her monthly premium went from \$179.81 to \$193.00, an increase percentage of 7.33%. It seems rather implausible that the annual consumer price index used for her had an increase of 7.33%, and for me 23.33%. I suppose Met Life may be using a rolling annual average, or conveniently for them they changed the mix in their calculation formula. I have no answer and haven't asked them for one, but perhaps it is of

interest to you and you want to pursue it. We allowed [REDACTED] premium increase to take place and in retrospect probably should have rejected it. Had I known that my increase would be 23.33% I would have rejected it.

Now I will pose my question to you. In my April 6th letter I enclosed the Met Life notification. There were various options given so the policy holder can reduce or maintain premium costs. One of these options is the "Contingent Non Forfeiture Option". This option, as I understand it, gives the policy holder the right to get a paid up policy for the premiums paid. I have given you a history of that investment, and each month it grows. Would you please review the letter and data I provided and read the data sent to me by Met Life. I didn't think I had this option before all the present increases took place. (the annual 15% and then 10% next year). Assuming this is solid, I will make contact with the Newman Agency who are the agents for Met Life and who set us up for the policies originally and decide if this will be our plan now or next year.

I have just read a very interesting article in the May 2015 issue of Money Magazine. It is titled "Do you really need a Long Term Care plan?" it's written by a well known writer, Dan Kadlec. I reviewed his biography and based on that alone have confidence in the data in the article. You may want to read it, especially as you continue to have presentations by other Insurance companies requesting rate increases, some of which you have told me will be dramatically large.

I would appreciate your comments on the "Contingent Non Forfeiture Option" and any other comments you have on this data.

Thank you

Sincerely
[REDACTED]



LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [Redacted]
Street Address: [Redacted]
City: [Redacted] State: [Redacted] ZIP Code: [Redacted]
Home Phone: [Redacted] Work Phone: [Redacted]
Email Address: [Redacted]

2. Insured

Name (if same, write "same"): same
Relationship to the insured:

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: Genworth Long Term Care Ins.
Street Address: P.O. Box 40005
City: Lynchburg State: VA ZIP Code: 24506

Name of Company, Agent/Broker, etc.:
Street Address:
City: State: ZIP Code:

Name of Company, Agent/Broker, etc.:
Street Address:
City: State: ZIP Code:

4. Type of Insurance Involved (pick one)

- Individual Life, Group Life, Long Term Care, Individual Health, Group Health, Dental, Workers Compensation, Medicare Supplement, Other

RECEIVED
JUN 08 2015
MAILROOM

5. Policy Information

Policy Number: _____
Group or Certificate Number: _____
Name of Employer/Association (if group insurance) _____
Effective Date: June 2003

6. Claim Information

Claim Number: _____
Date of Loss/Treatment: _____

7. Reason for Complaint (check one or more)

- Claim Denial
- Claim Dispute /Delay
- Sales /Service
- Premium /Rating Problem
- Cancellation /Non-Renewal
- Medical Necessity / Usual & Customary Reduction
- Other (please specify) _____

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

I am complaining about rate increases on insurance policies on old people causing them difficulty to maintain their policy when they are getting to the age when they will need it. I purchased this insurance 12 years ago and have paid the premiums. Now the state of Minnesota has allowed the such insurance company to raise their rate making it more difficult for a person on a fixed income to pay. We had the same problem on life insurance. Nursing home costs keep going up and the care goes down, soon the state will be paying the nursing home so why have insurance? (Please attach additional sheets as necessary) The rich get richer & the poor get poorer.

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

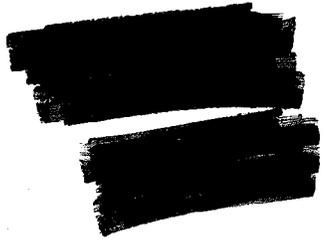
6-4-15
Date

Signature of Complainant

Mail written complaints to:
Minnesota Department of Commerce
Attn: Consumer Protection & Education
Division, 85 7th Place East, Suite 500,
St. Paul, MN 55101

LIFE AND HEALTH

Minnesota Insurance Division Consumer Complaint Form (This form is only for the use of Minnesota residents.)



Thank you for contacting the MN Department of Commerce Consumer Protection and Education Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: [Redacted]
Street Address: [Redacted]
City: [Redacted] State: [Redacted] ZIP Code: [Redacted]
Home Phone: [Redacted] Work Phone: [Redacted]
Email Address: [Redacted]

2. Insured

Name (if same, write "same"): SAME
Relationship to the insured: _____

3. Who is the complaint against?

Name of Company, Agent/Broker, etc.: GEN WORTH LONG TERM CARE INSURANCE
Street Address: P.O. Box 40605
City: Lynchburg State: VA ZIP Code: 24506

Name of Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

Name of Company, Agent/Broker, etc.: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

4. Type of Insurance Involved (pick one)

- Individual Life
- Individual Health
- Workers Compensation
- Group Life
- Group Health
- Medicare Supplement
- Long Term Care
- Dental
- Other

RECEIVED
JUN 09 2015
MAILROOM

5. Policy Information

Policy Number: _____

Group or Certificate Number: _____

Name of Employer/Association (if group insurance) _____

Effective Date: June 2003

6. Claim Information

Claim Number: _____

Date of Loss/Treatment: _____

7. Reason for Complaint (check one or more)

Claim Denial Claim Dispute /Delay Sales /Service

Premium Rating Problem Cancellation /Non-Renewal

Medical Necessity / Usual & Customary Reduction

Other (please specify) _____

Details of my complaint: (Please attach copies of all relevant documents including most recent correspondence from the company)

My complaint is that the state of Minnesota approved a premium increase for people having long term care insurance. This was told to me by Amber @ Genworth Life in Lynchburg, Virginia. 1-800-456-7766. When people get to a fixed income and elderly then it will be priced so it will be difficult to maintain these price increases. So therefore we have paid into a company for 12 years and will get nothing back when we may need to use it. Also I think the state needs more evaluation on nursing home costs anyway cause the care is not (OVER)

I hereby affirm that the foregoing statements and photocopies of all attached documents are true and correct.

Date
6-4-15

Signature of Complainant

Mail written complaints to:
Minnesota Department of Commerce
Attn: Consumer Protection & Education
Division, 85 7th Place East, Suite 500,
St. Paul, MN 55101

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

9 July 2013

RECEIVED

JUL 10 2013

MAILROOM

Minnesota Department of Commerce
85 East Seventh Place, Suite 500
St. Paul, Mn 55101

I have a case file # [REDACTED] with the State of Minnesota – Office of the Attorney General. I have been in contact with them regarding an issue with John Hancock and my Long Term Care policy for myself and my wife. They have advised me that I should forward copies of our correspondence to you as you are the regulatory agency for the state of Minnesota. Please see the attached original Consumer Report Form from me to their office. Also included is correspondence between myself, Attorney General Office, and John Hancock. In essence, their original option form did not include enough information to aid in making a decision that would qualify us to participate in Minnesota's Qualified Partnership. I would think other Minnesotan's must have similar concerns. Although John Hancock has said they would contact me, and the Attorney General's Office, no word has been heard. Please review and I ask for any help that your office can provide.

[REDACTED]
[REDACTED]

May 14, 2012

John Hancock
John Hancock Place
Post Office Box 111
Boston, MA 02117

Re: [REDACTED]

Dear Sir/Madam:

This Office was contacted by [REDACTED] whose address is [REDACTED]

[REDACTED] state that when they filled out a Coverage Change Request Form through John Hancock, they requested a personalized option that would not create a premium increase. They state that they were unaware that Minnesota law requires a 5% premium increase for the Qualified Long-Term Care Insurance Partnership Program. They would like John Hancock to resolve this issue.

I ask that you review this matter as quickly as possible and address [REDACTED] concerns. I ask that you send a written response to this Office within ten (10) days of receiving this letter. Please provide a response to this Office at the following address:

Parker Maertz
Office of the Minnesota Attorney General
445 Minnesota Street, Suite 1400 Bremer Tower
St. Paul, MN 55101-2131

I thank you for your attention to this matter. [REDACTED]

Sincerely,

PARKER MAERTZ
Consumer Services Division
(651) 355-0729 (Voice)
(651) 282-2155 (Fax)

cc: [REDACTED]

AG: # [REDACTED]



Office of Minnesota Attorney General Lori Swanson Consumer Report Form

Suite 1400, 445 Minnesota Street
St. Paul, MN 55101

Phone: (651) 296-3353 or (800) 657-3787
TTY: (651) 297-7206 or (800) 366-4812

Your Name (Please Print) [REDACTED]		Name of Company Complained About JOHN HANCOCK
Your Address [REDACTED]		Its Address P.O. Box 111 LTC COVERAGE ELECTION R-01 STP 1700
Your City, State, Zip [REDACTED]		Its City, State, Zip BOSTON MA 02117-0111
Your Day Phone (Include Area Code) [REDACTED]	Your Evening Phone (Include Area Code) SAME	Its Phone Number (Include Area Code) 800-377-7311
Your Cell Phone (Include Area Code) [REDACTED]		Its Contact Person Title CUSTOMER SERVICE BRIAN COOK JOHN HANCOCK L.T.C.
<p>The information you provide may be used in efforts to resolve the problem, to communicate with you, and/or to enforce applicable laws. The information may be shared with the party complained against, law enforcement agencies and consumer assistance agencies. You are not legally required to provide this information, but failure to do so may hinder efforts to resolve your problem.</p>		
Have you contacted another agency? If yes, give name of agency and result: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Have you filed a lawsuit? Result: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Product/Service Involved LONG TERM CARE	Date of Purchase 01/13/09	Amount of Purchase Yearly Premium
<p>What do you want the company to do? "STICK TO MY ORIGINAL CONTRACT" AND IF THEY HAVE A CONTRACTUAL RIGHT TO VOID THE ORIGINAL CONTRACT, FULLY EXPLAIN THE RAMIFICATIONS OF MY SELECTED OPTION.</p>		

Explanation of Problem:

I selected "Your Personalized Option". This option would not create a premium increase. In this option, there was no information re: any effects on Minnesota Rules. Apparently Minn requires a 5% compound for a qualified long-term care insurance Partnership Program. Because of my selection I do not meet Minnesota requirements, this could create financial concerns in the future.

3- ATTACHMENTS

The information I have given you is true and accurate to the best of my knowledge and may be used as stated on this form.	
Signature [REDACTED]	Date 3/7/12

Please call our office at (651) 296-3353 or (800) 657-3787 with any questions. Thank you for the opportunity to assist you.

Lori Swanson
Minnesota Attorney General

COVERAGE CHANGE REQUEST FORM

Individual LTC Insurance Policy for

Policy #

John Hancock Life Insurance Company (U.S.A.)

MAIL

FAX

Step 1: Select an option (check the appropriate box)
Step 2: Review the Agreement and Acknowledgement
Step 3: Sign and date this form
Step 4: Return this form by the date provided below

John Hancock
LTC Coverage Election
P.O. Box 111, R-02, Ste 1700
Boston, MA 02117-0111

John Hancock
LTC Coverage Election
877-606-7771

- **Your Personalized Option** - Avoid the premium increase by reducing your future annual inflation rate. Your future inflation rate will be reduced from 5% Compound to 2.7% Compound on your upcoming policy anniversary of December 24, 2011. This will result in no premium increase.

Alternative Options

One or more of the following can be selected. Please call for more information if you are interested in any of these options. In some instances, certain changes are subject to state and/or Partnership regulatory benefit minimum requirements.

- Reduce your Daily Benefit from \$134 to \$ _____ *
- Reduce your Benefit Period from 3 years to _____ *
- Increase your Elimination Period from 90 days to _____
- Remove the following optional rider(s) from your policy: _____
- Exercise the Contingent Nonforfeiture Benefit available on your policy

* This reduction will also result in a corresponding decrease in your Total Policy Limit.

Agreement and Acknowledgement

I understand that my benefits and/or premium for those benefits will change based upon the option(s) I select.

I understand that premium rates are not guaranteed and may be increased again in the future if I am among the group of policyholders whose premiums are determined to be inadequate.

If I select an option(s) to change my coverage, I understand that, within 30 days of the date this change becomes effective, I may cancel the change in my coverage and return to my original coverage at the increased premium level.

I understand the policy change(s) I selected above. By signing below, I agree that any change(s) other than cancelling my policy, will be effective on my next policy anniversary provided this form is received by John Hancock by that date.

Signature

Date

Please return this form using the enclosed postage paid return envelope by: November 24, 2011

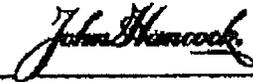
Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117.
JHLTC-1208 1/11



John Hancock Financial Services

LTC Policyholder Services
1 John Hancock Way
Suite 1700
Boston, MA 02217-1700

Phone : 1-800-377-7311
Fac: 1-617-572-6010
TDD Hearing/Speech Impaired: 1-800-555-5421


LONG-TERM CARE
INSURANCE

[REDACTED]

March 20, 2012

Re: Policy Number [REDACTED]

Dear [REDACTED]

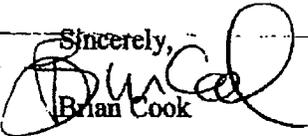
First of all, my apologies for not getting back to you sooner, however, I have found the information you were seeking.

Your loss of partnership coverage was the result of dropping below the inflation coverage level required by the State of Minnesota which asks for coverage of CPI, 5% compound, 5%/3% compound or 5% simple.

The letter we sent you regarding the rate increase clearly stated on Page 7 (copy enclosed) that by opting for a lower inflation percentage your Partnership status would be affected.

If you have any questions please contact Customer Service at (800) 377-7311. We are available to assist you Monday thru Friday from 8am to 6:30 pm EST.

Sincerely,


Brian Cook

Customer Service
John Hancock Long Term Care

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (not licensed in New York) and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117

RECEIVED

APR 14 2014

MAILROOM

Date: April 5, 2014

From:

COMPLAINT

To:

President

METROPOLITAN LIFE INSURANCE CO.> METLIFE LONG TERM CARE

1300 Hall Boulevard
Bloomfield, CT 06002

Policy Number [REDACTED]

Dear Sir,

We are writing you at the request of your LTC customer service representative, Matt Walters. **We appeal his decision.**

In July, 2013, after paying premiums for 10 years on [REDACTED] policy (as listed above), it has lapsed due to non-payment. This was due to our affordability constraints and no other reason. Retirement gets very costly on a limited budget.

When we received the letter from Jodi Anatole, Vice-President dated March 10, 2014, on my policy [REDACTED] we found from the query with Matt that [REDACTED] policy did not carry (what was understood to be) a paid-up reserve of the daily benefit amount for the amount of premiums paid in to it. This was very shocking as I as a/the MetLife writing agent always understood, from routine regular training with your wholesaler, Deb Bonnick that if a LTC policy was paid for 3 years or more then the policyholder had those dollars to always use.

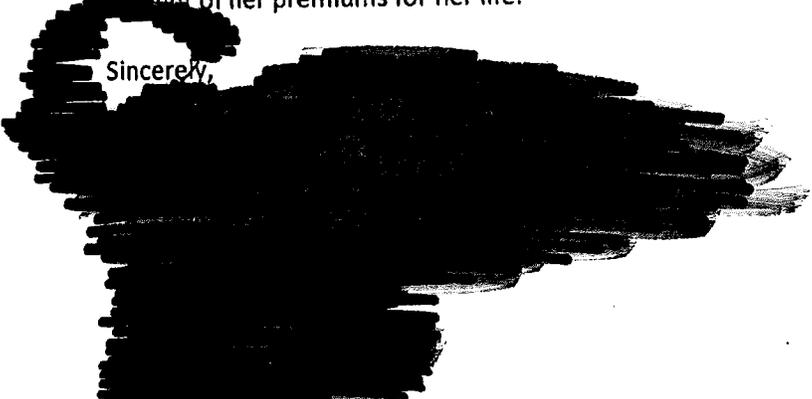
I was told that her policy did not have non-forfeiture and that is why she doesn't have these. I stated to Matt and state to you that I/we were trained to mark "no" and/but we understood the insured had the premiums *always* there for life if premiums were not made.

Something is really wrong here. I was trained this way, sold LTC this way and now am denied she or anyone has it. I distinctly remember it this way. You always have what you paid in, if more than 3 years of premiums divided by the daily benefit = number of days benefit left in your pool.

In our particular case, we cannot afford to reinstate, even though [REDACTED] policy is within the 12 month period available. While our budget is worse now, as compared to July, we are going to try and keep mine, but at the reduced benefit of approximately what the premium was before this 58% increase.

We appeal for your understanding and consideration to give [REDACTED] a paid up value of benefit equal to the amount of her premiums for her life.

Sincerely,



Mr. Germaine L. Marks, Director
Arizona Department of Insurance
2910 N. 44th St. #210
Phoenix, AZ 85018

Mr. Benjamin M. Lawsky, Superintendent
New York Department of Financial Services
Insurance
25 Beaver St.
New York, NY 10004

Mr. Thomas B. Leonardi, Commissioner
Connecticut Department
153 Market St., 7th Floor
Hartford, CT 06103

Mr. Mark Rothman, Commissioner
Minnesota Department of Commerce
Insurance Division
85-7th Place, East
St. Paul, MN 55101

Minnesota Dept of Commerce – Insurance Division October 31, 2014

85 7th Place East - Suite 500

St. Paul Mn 55101

[REDACTED]

Dear Sirs:

1. In December 2004 my wife [REDACTED] and I purchased separate Long Term Care Policies [REDACTED] and # [REDACTED] (respectively) from General Electric Capital Insurance Company which was described as a "member of the General Electric Company family". The brochure provided to us as part of the purchase package states under a paragraph entitled "Premium Stability" that

"While we reserve the right to raise future premiums for all policy holders by state and class, we have never had to do so since we pioneered long term care insurance 30 years ago."

The impression we received from our agent and from the material was that General Electric would be hesitant to increase premiums; if we had anticipated otherwise we would never have purchased policies for which the total premiums at the outset seemed high; namely over \$800 per quarter. The references in the purchase documents to GE Financial was further indication that GE would carefully monitor the situation and would hesitate to increase premiums.

Subsequently we were advised of a 2006 name change from General Electric Capital Corporation to Genworth Life Insurance Company but saw no significance in the name change, although it would now appear that Genworth Life is a subsidiary of Genworth Financial and has no relationship to General Electric or G. E, Financial.

We were absolutely shocked to be notified on October 23, 2014 that our premiums were being increased by Genworth by about 12% and that further premium increases might be forthcoming. In an article in "Personal Finance" on December 4, 2013 the CEO Thomas McInerney is quoted as saying that long term care insurance "represents significant opportunity for us going forward..." and that "state regulators" should "allow carriers to frequently adjust premiums to reflect projected changes in future risks"

We have several questions. 1. We feel that under our contract only General Electric and its subsidiaries should be able to increase the premiums and that Genworth Financial had no right to do so. It is clear from my contract and related documents and my conversations with the GE agent with whom I was dealing that GE was a reputable company and that it would be reluctant to increase premiums. Genworth's current desire to increase the premiums now and in the future appears to jeopardize my rights and to be based solely on a desire to make the policies, and therefore the Company, more profitable. Without regard to my first question, my second question is to determine if what was done was approved by the Minnesota Insurance Commissioner and what you can say about the State's willingness to allow future premium increases from Genworth in the near future with respect to Long Term Care Policies such as mine. I need to make a decision by the end of the year as to whether I will continue to pay premiums; I am unlikely to do so at this time, especially if I conclude that future premium increases can be expected. Respectfully [REDACTED]

[REDACTED]

P.S. My cell phone no is [REDACTED]

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