Market Conduct Annual Statement
Long-Term Care Stand-Alone and Hybrid Products Data Call & Definitions

Line of Business: Individual Stand-Alone Long-Term Care
Individual Long-Term Care Hybrid Products:
Life-LTC Hybrid Products
Annuity-LTC Hybrid Products

Reporting Period: January 1, 2022 through December 31, 2022

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Schedule 5––Claimant Request Determinations Timeliness

ID	Description

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Claimant Request Denied or Not Paid because Benefit Eligibility Criteria Not Met—A determination, following the initial claimant request for coverage under the LTC benefit of the)83.r (f i 7.8a ( ) policy(s) or contract, that the claimant has not met the eligibility criteria for benefits under the policy(s) or contract.

Denied or Not Paid—A request or demand for payment that is not paid for any reason.

Under Schedule 4, if a denial could be reported under more than one of the categories, report the denial in the category that is most specific to the circumstances surrounding the denial. If a claimant's request was denied, the denial should not be counted more than once.

Under Schedule 5, exclude denials for failure to meet the waiting or elimination period or because of an applicable preexisting condition.

The term does not include a request or demand for payment that is in excess of the applicable contractual limits.

Elimination Period—A period of time, as specified in the policy, that must pass before benefits are payable.

- Treatment of class action lawsuits: Report the opening and closing of a class action lawsuit once in each state in which a potential class member resides. Include an explanatory note with your submission stating the number of class action lawsuits included in the data and the general cause of action.

Lawsuits Closed During the Period with Consideration for the Consumer—A lawsuit closed during the reporting period in which a court order, jury verdict, or settlement resulted in payment, benefits, or other thing of value, i.e., consideration, to the applicant, policyholder, or beneficiary in an amount greater than offered by the reporting insurer before the lawsuit was brought.

New Business Policy or Contract—A newly written agreement that puts insurance coverage into effect under a policy or contract during the reporting period

Pending Claim–A claim that has not yet been paid or denied.

Replacement—Replacement of any life policy, annuity contract or LTC policy already in force with a new policy or contract with LTC insurance coverage.

- External Replacement—If the policy or contract to be replaced was issued by another insurer.
- Internal Replacement—If the policy or contract to be replaced was issued by your company.

For Data Elements 2-25 (Number of Internal Replacements) and 2-26 (Number of External Replacements), report the number of policies included in data element 2-20 (Number of new business policies) which are replacements of any type of life, annuity or long-term care policies.

Rescission—Invalidation of a policy or contract or invalidation of the LTC coverage portion of a policy or contract by an insurer, in accordance with the guidelines provided in the NAIC Long-Term Care Insurance Model Act (#640).

Waiting Period—See definition of Elimination 9.o4

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