

1-01	Does the company have data to report for Stand-Alone Long-Term Care?	Yes/No
1-02	Does the company have data to report for Life Long-Term Care Hybrid?	Yes/No
1-03	Does the company have data to report for Annuity Long-Term Care Hybrid?	Yes/No
1-04	Stand-Alone LTC - Has the company had a significant event or business strategy change that would affect the data for this reporting period?	Yes/No
1-05	If Yes above, explain:	Comment
1-06	Life LTC Hybrid - Has the company had a significant event or business strategy change that would affect the data for this reporting period?	Yes/No
1-07	If Yes above, explain:	Comment
1-08	Annuity LTC Hybrid – Has the company had a significant event or business strategy change that would affect the data for this reporting period?	

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Schedule 2—General Information

ID	Description
2-19	Number of

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annuity contracts with LTC benefits in force at the beginning of the reporting period. For data element 2-

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functional capacity. For purposes of this blank, the term applies to the initial claimant request, and captures the period of time from notice of claim to the benefit trigger/claimant request determination date. For claimant requests that are denied/not paid, report the period of time from the date of notice of claim to the date the claimant was notified of the determination to deny or not pay the claim.

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 policy or contract, that a

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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 or contract, during which the insured incurs qualified long-term care services and support for which benefits are not payable until the end of such period.

Free Look—A set number of days provided in an insurance policy or contract that allows time for the owner/purchaser to review the policy or contract provisions with the right to return the

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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 Period.