

**File Name: X2022163**

SCHEDULE NAME: LONG-TERM CARE EXPERIENCE REPORTING FORM 3 FOOTNOTE

PAGE NUMBER: 303.3

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	YES_NO_RESPONSE	ALPHA	1

**VALID LINE NUMBERS**

LINE NUMBER	LINE DESCRIPTION
0000001	(a) Indicate whether claim reserves and liabilities for prior years are based on historical reserving assumptions
0000002	(a) Indicate whether claim reserves and liabilities for prior years are based on current reserving assumptions