

**File Name: X2022150**

SCHEDULE NAME: LONG-TERM CARE EXPERIENCE REPORTING FORM 2 DIRECT INDIVIDUAL EXPER STAND ALONE  
ONLY (\$000 Omitted) - FOOTNOTES

PAGE NUMBER: 302

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	FOOTNOTE_AMT_1	ALPHA	1

**VALID LINE NUMBERS**

LINE NUMBER	LINE DESCRIPTION
0000001	(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy basis.
0000002	(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy form basis: