

File Name: L2022212

SCHEDULE NAME: LONG-TERM CARE EXPERIENCE REPORTING FORM 1 STAND ALONE LTC ONLY (\$000 Omitted) -
FOOTNOTES

PAGE NUMBER: 301

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 on claims that have triggered waiver of premium are considered paid by waiver.
0000002	(a) Indicate whether policies on claims that have triggered waiver of premium are considered paid up.