

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Jacob W. Garn</u> TITLE: <u>Director, Financial Regulation & Licensing</u> AFFILIATION: <u>Utah Insurance Department</u> ADDRESS: <u>4315 South 2700 West, Ste. 2300</u> <u>Taylorsville, UT 84129</u>	DATE: <u>04/29/2022</u>	FOR NAIC USE ONLY
	Agenda Item # <u>2022-13BWG</u> Year <u>2022</u> Changes to Existing Reporting [X] New Reporting Requirement []	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT
	No Impact [X] Modifies Required Disclosure []	DISPOSITION
	[] Rejected For Public Comment [] Referred To Another NAIC Group [X] Received For Public Comment [] Adopted Date _____ [] Rejected Date _____ [] Deferred Date _____ [] Other (Specify) _____	

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Modify Five-Year Historical Data questions 68 and 69 to reference group comprehensive and modify questions 70 and 71 to reflect inclusion of all health lines of business other than group comprehensive. Crosschecks for these questions are being modifies accordingly.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of the proposal is to make changes to the Five-Year Historical Data questions 68 through 71 to reflect the changes to the lines of business captured on Schedule H.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

FIVE-YEAR HISTORICAL DATA



A & H Claim Reserve Adequacy

Line 68 – Incurred Losses on Prior Years’ Claims – Group Comprehensive Health

2022 through current year Schedule H, Part 3, Line 3.1, Column 3

~~2022~~..... ~~Should be consistent with business reported on Schedule H, Part 3, Line 3.1, Column 2 in 2021~~

~~2018 through 2021~~ ~~Schedule H, Part 3, Line 3.1, Column 2~~

Line 69 – Prior Years’ Claim Liability and Reserve – Group Comprehensive Health

2022 through current year Schedule H, Part 3, Line 3.2, Column 3

~~2022~~..... ~~Should be consistent with business reported on Schedule H, Part 3, Line 3.2, Column 2 in 2021~~

~~2018 through 2021~~ ~~Schedule H, Part 3, Line 3.2, Column 2~~

Line 70 – Incurred Losses on Prior Years’ Claims – Health Other than Group Comprehensive

2022 through current year Schedule H, Part 3, Line 3.1, Column 1 less Column 3

~~2022~~..... ~~Should be consistent with business reported on Schedule H, Part 3, Line 3.1, Column 1 less Column 2 in 2021~~

~~2018 through 2021~~ ~~Schedule H, Part 3, Line 3.1, Column 1 less Column 2~~

Line 71 – Prior Years’ Claim Liability and Reserve – Health Other than Group Comprehensive

2022 through current year Schedule H, Part 3, Line 3.2, Column 1 less Column 3

~~2022~~..... ~~Should be consistent with business reported on Schedule H, Part 3, Line 3.2, Column 1 less Column 2 in 2021~~

~~2018 through 2021~~ ~~Schedule H, Part 3, Line 3.2, Column 1 less Column 2~~



ANNUAL STATEMENT BLANK – LIFE\FRATERNAL

FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2023	2 2022	3 2021	4 2020	5 2019
<u>A & H Claim Reserve Adequacy</u>					
68. Incurred losses on prior years' claims-group_comprehensive health (Sch. H, Part 3, Line 3.1, Col. 3).....			XXX	XXX	XXX
69. Prior years' claim liability and reserve-group_comprehensive health (Sch. H, Part 3, Line 3.2, Col. 3).....			XXX	XXX	XXX
70. Incurred losses on prior years' claims-health other than group_comprehensive (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 3).....			XXX	XXX	XXX
71. Prior years' claim liability and reserve-health other than group_comprehensive (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 3).....			XXX	XXX	XXX



Detail Eliminated to Conserve Space



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