

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p align="right">DATE: <u>09/28/2022</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Mary Caswell and Jill Youtsey</u></p> <p>TITLE: _____</p> <p>AFFILIATION: <u>NAIC</u></p> <p>ADDRESS: _____</p>	<p align="center">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2022-20BWG</u></p> <p>Year <u>2023</u></p> <p>Changes to Existing Reporting <input checked="" type="checkbox"/> [X]</p> <p>New Reporting Requirement <input type="checkbox"/> []</p> <hr/> <p align="center">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact <input checked="" type="checkbox"/> [X]</p> <p>Modifies Required Disclosure <input type="checkbox"/> []</p> <hr/> <p align="center">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[X] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input checked="" type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input 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 checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

See next page for details

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

The purpose of this proposal is to reorder the listing of Vision and Dental lines of business in the Health Annual/Quarterly Statement Instructions and Blank to be consistent with all other statement types.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

IDENTIFICATION OF ITEM(S) TO CHANGE

Modify the instructions and blanks for the following Health exhibits to change the order of the Vision and Dental lines of business to be consistent with all other statement types. *(The detailed instructions are not shown in this proposal, but the instructions will also be updated with the column header changes.)*

Annual Health

- Analysis of Operations by Lines of Business
- Underwriting and Investment Exhibit
 - Part 1
 - Part 2
 - Part 2A
 - Part 2B
 - Part 2D

Annual Life (Health Supplement)

- Analysis of Operations by Lines of Business

Quarterly Health

- Quarterly Underwriting and Investment Exhibit

ANNUAL STATEMENT BLANKS – HEALTH

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	Individual 2	Group 3	Medicare Supplement	Dental Vision Only	Vision Dental Only	Federal Employees Health Benefits Plan	Title XXVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
1. Net premium income														
2. Change in unearned premium reserves and reserve for rate credit.....														
3. Fee-for-service (net of \$..... medical expenses).....														XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues.....														XXX
6. Aggregate write-ins for other non-health care related revenues.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6).....														
8. Hospital/medical benefits														XXX
9. Other professional services.....														XXX
10. Outside referrals.....														XXX
11. Emergency room and out-of-area														XXX
12. Prescription drugs														XXX
13. Aggregate write-ins for other hospital and medical														XXX
14. Incentive pool, withhold adjustments and bonus amounts														XXX
15. Subtotal (Lines 8 to 14)														XXX
16. Net reinsurance recoveries.....														XXX
17. Total hospital and medical (Lines 15 minus 16)														XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$..... cost containment expenses														
20. General administrative expenses														
21. Increase in reserves for accident and health contracts..														XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)														
24. Net underwriting gain or (loss) (Line 7 minus Line 23)														
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 – PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) individual
2. Comprehensive (hospital and medical) group
3. Medicare Supplement
4. Dental Vision only
5. Vision Dental only
6. Federal Employees Health Benefits Plan
7. Title XVIII – Medicare
8. Title XIX – Medicaid
9. Credit A&H
10. Disability Income
11. Long-Term Care
12. Other health
13. Health subtotal (Lines 1 through 12)
14. Life
15. Property/casualty
16. Totals (Lines 13 to 15)

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Vision Only	6 Vision/Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct														
1.2 Reinsurance assumed.....														
1.3 Reinsurance ceded														
1.4 Net.....														
2. Paid medical incentive pools and bonuses.....														
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct														
3.2 Reinsurance assumed.....														
3.3 Reinsurance ceded														
3.4 Net.....														
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct														
4.2 Reinsurance assumed.....														
4.3 Reinsurance ceded														
4.4 Net.....														
5. Accrued medical incentive pools and bonuses, current year.....														
6. Net health care receivables (a).....														
7. Amounts recoverable from reinsurers December 31, current year.....														
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct														
8.2 Reinsurance assumed.....														
8.3 Reinsurance ceded														
8.4 Net.....														
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct														
9.2 Reinsurance assumed.....														
9.3 Reinsurance ceded														
9.4 Net.....														
10. Accrued medical incentive pools and bonuses, prior year.....														
11. Amounts recoverable from reinsurers December 31, prior year.....														
12. Incurred benefits:														
12.1 Direct														
12.2 Reinsurance assumed.....														
12.3 Reinsurance ceded														
12.4 Net.....														
13. Incurred medical incentive pools and bonuses														

(a) Excludes \$..... loans or advances to providers not yet expensed.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Dental Vision Only	6 Vision Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct
1.2 Reinsurance assumed
1.3 Reinsurance ceded
1.4 Net
2. Incurred but Unreported:														
2.1 Direct
2.2 Reinsurance assumed
2.3 Reinsurance ceded
2.4 Net
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct
3.2 Reinsurance assumed
3.3 Reinsurance ceded
3.4 Net
4. TOTALS:														
4.1 Direct
4.2 Reinsurance assumed
4.3 Reinsurance ceded
4.4 Net

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual.....
2. Comprehensive (hospital and medical) group.....
3. Medicare Supplement.....
4. Dental-Vision Only.....
5. Vision-Dental Only.....
6. Federal Employees Health Benefits Plan.....
7. Title XVIII – Medicare.....
8. Title XIX – Medicaid.....
9. Credit A&H.....
10. Disability Income.....
11. Long-Term Care.....
12. Other health.....
13. Health subtotal (Lines 1 to 12).....
14. Health care receivables (a).....
15. Other non-health.....
16. Medical incentive pools and bonus amounts.....
17. Totals (Lines 13-14+15+16)

(a) Excludes \$..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D – AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Dental Only	Vision Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves.....													
2. Additional policy reserves (a).....													
3. Reserve for future contingent benefits.....													
4. Reserve for rate credits or experience rating refunds (including \$..... for investment income).....													
5. Aggregate write-ins for other policy reserves.....													
6. Totals (gross).....													
7. Reinsurance ceded.....													
8. Totals (Net) (Page 3, Line 4).....													
9. Present value of amounts not yet due on claims.....													
10. Reserve for future contingent benefits.....													
11. Aggregate write-ins for other claim reserves.....													
12. Totals (gross).....													
13. Reinsurance ceded.....													
14. Totals (Net) (Page 3, Line 7).....													
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page.....													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....													
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page.....													
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....													

(a) Includes \$..... premium deficiency reserve.

ANNUAL STATEMENT BLANKS – LIFE (HEALTH SUPPLEMENT)

HEALTH SUPPLEMENT

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental-Vision Only	6 Vision-Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
1. Net premium income.....														
2. Change in unearned premium reserves and reserve for rate credit.....														
3. Fee-for-service (net of \$..... medical expenses).....														XXX
4. Risk revenue.....														XXX
5. Aggregate write-ins for other health care related revenues.....														XXX
6. Aggregate write-ins for other non-health care related revenues.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6).....														
8. Hospital/medical benefits.....														XXX
9. Other professional services.....														XXX
10. Outside referrals.....														XXX
11. Emergency room and out-of-area.....														XXX
12. Prescription drugs.....														XXX
13. Aggregate write-ins for other hospital and medical ..														XXX
14. Incentive pool, withhold adjustments and bonus amounts.....														XXX
15. Subtotal (Lines 8 to 14).....														XXX
16. Net reinsurance recoveries.....														XXX
17. Total hospital and medical (Lines 15 minus 16).....														XXX
18. Non-health claims (net).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$..... cost containment expenses.....														
20. General administrative expenses.....														
21. Increase in reserves for accident and health contracts														XXX
22. Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22).....														
24. Net underwriting gain or (loss) (Line 7 minus Line 23)														
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....														
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

QUARTERLY STATEMENT BLANKS – HEALTH

**UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual.....
2. Comprehensive (hospital and medical) group
3. Medicare Supplement.....
4. Dental Vision only.....
5. Vision Dental only.....
6. Federal Employees Health Benefits Plan.....
7. Title XVIII – Medicare.....
8. Title XIX – Medicaid
9. Credit A&H
10. Disability income.....
11. Long-term care
12. Other health
13. Health subtotal (Lines 1 to 8).....
14. Health care receivables (a)
15. Other non-health.....
16. Medical incentive pools and bonus amounts
17. Totals (Lines 13-14+15+16)

(a) Excludes \$..... loans or advances to providers not yet expensed.

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