

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p align="right">DATE: <u>03/24/2023</u></p> <p>CONTACT PERSON: <u>Eric King</u></p> <p>TELEPHONE: <u>816-783-8234</u></p> <p>EMAIL ADDRESS: <u>eking@naic.org</u></p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Fred Anderson (MN) / Paul Lombardo (CT)</u></p> <p>TITLE: <u>Co-chairs Long-Term Care Actuarial (B) Working Group</u></p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p>	<p align="center">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2023-10BWG MOD</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> <p>Is there data being requested in this proposal which is available elsewhere in the Annual/Quarterly Statement? <input type="checkbox"/> [NO]</p> <p><i>***If Yes, complete question below***</i></p> <p align="center">DISPOSITION</p> <p><input type="checkbox"/> [] Rejected For Public Comment</p> <p><input type="checkbox"/> [] Referred To Another NAIC Group</p> <p><input type="checkbox"/> [] Received For Public Comment</p> <p><input checked="" type="checkbox"/> [X] Adopted Date <u>05/31/2023</u></p> <p><input type="checkbox"/> [] Rejected Date _____</p> <p><input type="checkbox"/> [] Deferred Date _____</p> <p><input type="checkbox"/> [] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Update the three primary issue periods on Long-Term Care Experience Reporting Form 2.

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

The issue periods are not supposed to change each year, they should have stayed fixed and not changed each year.

*****IF THE DATA IS AVAILABLE ELSEWHERE IN THE ANNUAL/QUARTERLY STATEMENT, PLEASE NOTE WHY IT IS REQUIRED FOR THIS PROPOSAL*****

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, PROPERTY/CASUALTY, AND HEALTH

LONG-TERM CARE INSURANCE EXPERIENCE REPORTING FORMS 1 THROUGH 5

These reporting forms must be filed with the NAIC by April 1 each year.

The purpose of the Long-Term Care Insurance Experience Reporting Forms is to monitor the amount of such coverage and to provide data specific to this coverage on a nationwide basis. Long-term care expenses may be paid through life policies, annuity contracts and health contracts. When the long-term benefits portion of the contract is subject to rating rules based on the Long-Term Care Insurance Model Regulation (sections on required disclosure or rating practices to customers, loss ratio and premium rate increases), the adequacy of the pricing and reserve assumptions is critical to meeting the expectation of those sections.

For life or annuity products where no portion is subject to these rating rules, the products are not being included in the reporting in these forms. Companies may use an assumption that long-term care benefits that are “incidental” regardless of the date of issue, may be excluded. Incidental means that the value of long-term care benefits provided is less than ten percent (10%) of the total value of the benefits provided over the life of the policy (measured as of the date of issue).

Form 1 gives an overview of the stand-alone LTC business and claims experience for both individual and group policies. Form 2 focuses on the experience of individual policies broken down into three Primary Issue Periods: ~~Prior to 2005~~2002 and prior, 2006-2010, and ~~2014~~2011 and later. Form 3 focuses on the adequacy of claims reserves by presenting experience based on incurred year over the next several years. Because prior-year values should already be available; this form should be completed for at least the current and past four years. If available, all prior years should be completed. Form 4 focuses on the experience of group business. Form 5 provides a location to report data at the state level and additionally asks for data related to hybrid life or annuity products with LTC extended and/or accelerated benefits.

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL, PROPERTY/CASUALTY, AND HEALTH

LONG-TERM CARE EXPERIENCE REPORTING FORM 2
DIRECT INDIVIDUAL EXPERIENCE STAND-ALONE ONLY (\$000 OMITTED) ^(a)
 REPORTING YEAR 20____
 (To Be Filed By April 1)

NAIC Group Code _____

NAIC Company Code _____

	1 Calendar Year of Peak Issues	2 Percent Male Lives Insured	3 Average Attained Age	4 Earned Premiums	5 Incurred Claims	6 Number of Lives In Force Year End	7 Number of Terminations	8 Number of New Lives Insured
Primarily 2005-2002 and Prior Issue Years								
1. Current (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
2. Total Inception-to-Date (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
3. Current (Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
4. Total Inception-to-Date (Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
5. Current (Non-Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
6. Total Inception-to-Date (Non-Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
7. Current (Grand Total).....	XXX	.....	.....	XXX	XXX	.....
8. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....
Primarily 2006-2003 to 2013-2010 Issue Years								
9. Current (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
10. Total Inception-to-Date (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
11. Current (Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
12. Total Inception-to-Date (Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
13. Current (Non-Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
14. Total Inception-to-Date (Non-Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
15. Current (Grand Total).....	XXX	.....	.....	XXX	XXX	.....
16. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....
Primarily 2014-2011 and Later Issue Years								
17. Current (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
18. Total Inception-to-Date (Comprehensive).....	XXX	.....	.....	XXX	XXX	.....
19. Current (Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
20. Total Inception-to-Date (Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
21. Current (Non-Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
22. Total Inception-to-Date (Non-Institutional Only).....	XXX	.....	.....	XXX	XXX	.....
23. Current (Grand Total).....	XXX	.....	.....	XXX	XXX	.....
24. Total Inception-to-Date (Grand Total)	XXX	.....	.....	XXX	XXX	.....

(a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy or per-policy form basis.

Policy
 Policy Form

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