

# Long-Term Care (2024)

#### Long-Term Care Interrogatories

|       |  | Yes No<br>Response | Explanation |
|-------|--|--------------------|-------------|
| 01    | Does the company have data to report for Stand-Alone Long-Term Care?   |                    |             |
| 02    | Does the company have data to report for Life Long-Term Care Hybrid?   |                    |             |
| 03    | Does the company have data to report for Annuity Long-Term Care Hybrid?  |                    |             |
| 04/05 | Stand-Alone LTC - Has the company had a significant event or business strategy change that would affect the data for this reporting period? If Yes, please explain.    |                    |             |
| 06/07 | Life LTC Hybrid - Has the company had a significant event or business strategy change that would affect the data for this reporting period? If Yes, please explain.    |                    |             |
| 08/09 | Annuity LTC Hybrid - Has the company had a significant event or business strategy change that would affect the data for this reporting period? If Yes, please explain. |                    |             |
| 10/11 | Stand-Alone LTC - Has all of part of this block of business been sold, closed or moved to another company during the reporting period? If Yes, please explain.         |                    |             |
| 12/13 | Life LTC Hybrid - Has all of part of this block of business been sold, closed or moved to another company during the reporting period? If Yes, please explain.         |                    |             |
| 14/15 | Annuity LTC Hybrid - Has all of part of this block of business been sold, closed or moved to another company during the reporting period? If Yes, please explain.      |                    |             |
| 16    | Additional state specific Stand-Alone Long-Term Care comments (optional):  |                    |             |
| 17    | Additional state specific Life Long-Term Care Hybrid comments (optional):  |                    |             |
| 18    | Additional state specific Annuity Long-Term Care Hybrid comments (optional):   |                    |             |

#### Long-Term Care General Information

|    |  |                 | Life       | Annuity LTC |
|----|--|-----------------|------------|-------------|
|    |  | Stand-Alone LTC | LTC Hybrid | Hybrid      |
| 19 | Number of policies/contracts in-force as of the beginning of the reporting period.               |                 |            |             |
| 20 | Number of new business policies/contracts issued during the period.                              |                 |            |             |
| 21 | Number of free look cancellations during the period.   |                 |            |             |
| 22 | Number of lapses during the period.  |                 |            |             |
| 23 | Number of rescissions during the period.   |                 |            |             |
| 24 | Number of policies/contracts in-force as of the end of the period.                               |                 |            |             |
| 25 | Number of internal replacements during the period.   |                 |            |             |
| 26 | Number of external replacements during the period.   |                 |            |             |
| 27 | Number of policies/contracts replaced where age of insured at replacement was < 65.              |                 |            |             |
| 28 | Number of policies/contracts replaced where age of insured at replacement was between 65 and 80. |                 |            |             |
| 29 | Number of policies/contracts replaced where age of insured at replacement was > 80.              |                 |            |             |
| 30 | Number of complaints received directly from consumers.   |                 |            |             |



### Long-Term Care (2024)

#### Long-Term Care Claimants and Claimant Requests Activity

|    |   | Stand-Alone LTC | Life<br>LTC Hybrid | Annuity LTC<br>Hybrid |
|----|---|-----------------|--------------------|-----------------------|
| 31 | Number of claimants approved for benefits as of the beginning of the period.                                |                 |                    |                       |
| 32 | Number of claimants with pending claimant request determinations as of the beginning of the period.         |                 |                    |                       |
| 33 | Number of new claimants during the period.  |                 |                    |                       |
| 34 | Number of claimants with pending claimant request determinations as of the end of the period.               |                 |                    |                       |
| 35 | Number of claimants approved for benefits as of the end of the period.                                      |                 |                    |                       |
| 36 | Number of claimant requests denied or not paid because claimant did not pursue (inactivity or death).       |                 |                    |                       |
| 37 | Number of claimant requests denied or not paid because of preexisting condition exclusion.                  |                 |                    |                       |
| 38 | Number of claimant requests denied or not paid because of elimination or waiting period not met.            |                 |                    |                       |
| 39 | Number of claimant requests denied or not paid because services provided not covered under the policy.      |                 |                    |                       |
| 40 | Number of claimant requests denied or not paid because provider or facility not qualified under the policy. |                 |                    |                       |
| 41 | Number of claimant requests denied or not paid because benefits eligibility criteria not met.               |                 |                    |                       |
| 42 | All other claimant requests denied or closed without payment.   |                 |                    |                       |
| 43 | Number of claim request determinations made within 0-30 days.   |                 |                    |                       |
| 44 | Number of claim request determinations made within 31-60 days.  |                 |                    |                       |
| 45 | Number of claim request determinations made within 61-90 days.  |                 |                    |                       |
| 46 | Number of claim request determinations made beyond 90 days.   |                 |                    |                       |

#### Long-Term Care Benefit Payment Requests Activity

|    |   | Stand-Alone LTC | Life<br>LTC Hybrid | Annuity LTC<br>Hybrid |
|----|---|-----------------|--------------------|-----------------------|
| 47 | Number of benefit payment requests pending as of the beginning of the period. |                 |                    |                       |
| 48 | Number of benefit payment requests received during the period.                |                 |                    |                       |
| 49 | Number of benefit payment requests denied or not paid during the period.      |                 |                    |                       |
| 50 | Number of benefit payment requests pending as of the end of the period.       |                 |                    |                       |
| 51 | Number of benefit payment requests paid within 0-30 days.                     |                 |                    |                       |
| 52 | Number of benefit payment requests paid within 31-60 days.                    |                 |                    |                       |
| 53 | Number of benefit payment requests paid within 61-90 days.                    |                 |                    |                       |
| 54 | Number of benefit payment requests paid beyond 90 days.                       |                 |                    |                       |
| 55 | Number of benefit payment requests denied or not paid within 0-30 days.       |                 |                    |                       |
| 56 | Number of benefit payment requests denied or not paid within 31-60 days.      |                 |                    |                       |
| 57 | Number of benefit payment requests denied or not paid within 61-90 days.      |                 |                    |                       |
| 58 | Number of benefit payment requests denied or not paid beyond 90 days.         |                 |                    |                       |



## Long-Term Care (2024)

#### Long-Term Care Lawsuit Activity

Overall Comments for the Filing Period

|     |  |            |             |           |                 | Life       | Annuity LTC |
|-----|--|------------|-------------|-----------|-----------------|------------|-------------|
|     |  |            |             |           | Stand-Alone LTC | LTC Hybrid | Hybrid      |
| 59  | Number of lawsuits open as of the beginning of the period.                       |            |             |           |                 |            |             |
| 60  | Number of lawsuits opened during the period.                                     |            |             |           |                 |            |             |
| 61  | Number of lawsuits closed during the period Total.                               |            |             |           |                 |            |             |
| 62  | Number of lawsuits closed during the period with consideration for the consumer. |            |             |           |                 |            |             |
| 63  | Number of lawsuits open as of the end of the period.                             |            |             |           |                 |            |             |
|     |  |            |             |           |                 |            |             |
| Lor | Long-Term Care Attestation   |            |             |           |                 |            |             |
| LUI | ig-Terrir Care Attestation   |            |             |           |                 |            |             |
|     |  | First Name | Middle Name | Last Name | Suffix          | Title      | Comments    |
|     |  |            |             |           |                 |            |             |
| 64  | First Attestor Information   |            |             |           |                 |            |             |
| 65  | Second Attestor Information  |            |             |           |                 |            |             |