### Proposal Submission Form

**NAIC USE ONLY**

<table>
<thead>
<tr>
<th>Proposal Submission Date: 2/29/2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Effective Data Year for Reporting: 2024 Data Year</td>
</tr>
<tr>
<td>Proposed ☐ Substantive Change ☒ Non-Substantive Change/Clarification</td>
</tr>
</tbody>
</table>

**Proposal Number** 2024.2

**Proposal Status**
- ☑ All Submissions
- ☒ Received – Date 2/29/2024
- ☐ Accepted ☐ Rejected by MCAS Blanks WG Chair
- ☐ Posted to Web Page for Public Exposure/Comment – Date [Enter Date]
- ☐ Referred to Another NAIC Group – Date [Enter Date]
- – Name of Group [Enter Name]
- ☐ Adopted ☐ Modified ☐ Rejected ☐ Deferred by WG – Date [Enter Date]

**Substantive Revisions**
- ☐ Adopted ☐ Rejected by D Committee – Date [Enter Date]
- ☐ Adopted ☐ Rejected by EX/Plenary – Date [Enter Date]
- ☐ Other – Date [Enter Date]

**NAIC Staff Input** [Enter NAIC Staff Input]

**Proposal Contact Information**

<table>
<thead>
<tr>
<th>Name of Contact Person</th>
<th>Teresa Cooper, Hal Marsh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Organization</td>
<td>National Association of Insurance Commissioners</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:tooper@naic.org">tooper@naic.org</a>, <a href="mailto:hmarsh@naic.org">hmarsh@naic.org</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>816-783-8226</td>
</tr>
</tbody>
</table>

**Affiliation Type**
- ☑ State Regulator ☒ NAIC Staff ☐ Other Regulator ☐ Reporting Company
- ☐ Industry Trade Association ☐ Consumer Representative ☐ Other

**PROPOSAL IS FOR:** ☒ Data Element ☐ Data Definitions ☐ Data Validation

**APPLICABLE LINE(S) OF BUSINESS:**
- ☒ Annuity
- ☐ Disability Income
- ☐ Health
- ☐ Homeowners
- ☐ Lender Placed Auto and Home
- ☐ Life
- ☐ Long-Term Care
- ☐ Other Health
- ☒ Private Flood
- ☐ Private Passenger Auto
- ☐ Travel
- ☒ STLD

**PROVIDE A CONCISE STATEMENT OF THE PROPOSED CHANGE:**

Data elements #64 and #74 both ask for covered lives impacted by cancellations initiated by the policyholder/certificate holder during the period.

- #64 – Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/certificate holder During the Period.
- #74 – Number of insured lives impacted on terminations and cancellations initiated by the policyholder/certificate holder.

Provide a concise statement of the proposed change:

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Data elements #64 and #74 both ask for covered lives impacted by cancellations initiated by the policyholder/certificate holder during the period.

#64 – Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/certificate holder During the Period.

#74 – Number of insured lives impacted on terminations and cancellations initiated by the policyholder/certificate holder.
PROVIDE THE REASON FOR THE CHANGE:
Identify duplicate data elements and remove the duplicate element.

IF ADDITIONAL DOCUMENTS CONTAIN DEFINITIONS, BLANK MOCK-UPS, ETC, PROVIDE A LISTING OF THESE DOCUMENTS BELOW. SEND THE LISTED DOCUMENTS TO NAIC STAFF ALONG WITH THE COMPLETED FORM:

Click or tap here to enter text.