

**LONG-TERM CARE INSURANCE MULTISTATE RATE REVIEW**

**PRE-FILING COMMUNICATION FORM**

Filers wishing to discuss questions and issues regarding a potential premium rate proposal under the Long-Term Care Insurance Multistate Rate Review Framework should fully complete this Pre-Filing Communication Form and provide detailed information and questions to aid in the discussion. Please submit your completed form via email to Interstate Insurance Product Regulation Commission (Compact) Staff at [Comments@insurancecompact.org](mailto:Comments@insurancecompact.org). *Please note that although Compact staff are assisting with the administration of the MSA review process, premium rate proposals under the MSA Framework are not Compact filings, nor are they subject to Compact specific requirements.*

Once the completed form is received, with all questions answered, we will reply to your initial inquiry within seven (7) business days. *Please note that incomplete forms may delay a reply or the scheduling of a call with the appropriate MSA team member or Compact staff.*

- ✓ If you require additional room to address the questions below, please attach them in a separate document.
- ✓ If there is an internal deadline associated with this request, please provide this information in question #8.

If you have general help-desk questions not associated with a potential or specific premium rate proposal, please submit to [Comments@insurancecompact.org](mailto:Comments@insurancecompact.org).

**Contact Information for Person Completing the Form:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**1. What is the number of affected policyholders nationwide?**

**2. What is the number of states where the increase will be requested?**

**3. Years of issue of the policy/certificates?**

**4. Briefly describe the premium rate change proposal, including unique features, if any:**

**5. Is this the first premium rate increase proposal being requested on these policy forms?**

Yes \_\_\_ No \_\_\_.

**6. Has the filer previously filed a premium rate proposal under the MSA?**

Yes \_\_\_ No \_\_\_.

If yes, when was last filing made? \_\_/\_\_/\_\_

If yes, for what policy forms were the premium rate changes filed?

**7. Is the premium rate change proposal expected to be filed for approval in all States where company is licensed to do business?**

Yes \_\_\_ No \_\_\_.

If no, please specify the States the rate proposal applies to:

Please explain reason(s) for a limited filing:

**8. Are there any time sensitivities that the MSA Team has to be made aware of with regard to this rate proposal?**

Yes \_\_\_ No \_\_\_.

If yes, what is the deadline? \_\_/\_\_/\_\_

**9. Has the Company determined a rate change filing date in the states?**

Yes \_\_\_ No \_\_\_.

If yes, what is the date? \_\_/\_\_/\_\_

Additional Comments:

**10. Please list specific questions and issues you wish to discuss (if more room is required, please attach a separate document):**

**11. Is an MSA Team Member requested for this discussion?**

\_\_\_ Yes \_\_\_ No.

If yes, please list specific questions and issues that you wish to discuss with the MSA Team Member:

**12. Additional persons to be involved with the Pre-Filing Discussion, if any:**

*Note: It is highly recommended that the appropriate experts of the Company who are involved with the development of the rate proposal be involved with the discussion, such as those involved in actuarial, underwriting, marketing, claims, legal, etc., as applicable.*

None \_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

***If you have any questions about how to complete this form,  
Please call the supporting Compact Staff at 202-471-3962.***