

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p align="right">DATE: <u>1/11/2023</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>2023-03BWG</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>
---	---

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> [X] ANNUAL STATEMENT | <input checked="" type="checkbox"/> [X] INSTRUCTIONS | <input checked="" type="checkbox"/> [X] CROSSCHECKS |
| <input type="checkbox"/> [] QUARTERLY STATEMENT | <input type="checkbox"/> [] 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) | |

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Remove Life crosschecks for Columns 2, 6, and 10 on the Accident and Health Policy Experience Exhibit (AHPEE).

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

The Life crosschecks are not working correctly because columns 2, 6, and 10 on the Accident & Health Policy Experience Exhibit are on a direct basis and Exhibit 6 is on an assumed basis.

*****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, AND HEALTH

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This exhibit is required to be filed no later than April 1.



Detail Eliminated to Conserve Space

CROSS REFERENCES AND OTHER INSTRUCTIONS

The Exhibit

Column 1 – Direct Premiums Written

The grand total reported should equal:

Life\Fraternal Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).

Health Underwriting and Investment Exhibit, Part 1, Line 13, Column 1.

Property Exhibit of Premiums and Losses, Column 1 sum of Lines 13 through 15.

Column 2 – Direct Premiums Earned

Fractional premium loadings and policy fees must be included in the Earned Premiums.

The grand total reported should equal:

Life\Fraternal Exhibit 1, Part 1, Lines (6.1+10.1+16.1), Columns (8+9+10).

Plus Exhibit 1, Part 1, Lines (3.1+13.1), Columns (8+9+10).

Minus Exhibit 6, Line 1, Column 1 CY.

Plus Exhibit 6, Line 1, Column 1 PY.

Minus Exhibit 1, Part 1, Lines (4+14), Columns (8+9+10).

Minus Exhibit 6, Line 5, Column 1 CY.

Plus Exhibit 6, Line 5, Column 1 PY.

Health Underwriting and Investment Exhibit, Part 1, Line 13, Column 1

Less Underwriting and Investment Exhibit Part 2D, Line 1, Column 1 CY

Plus Underwriting and Investment Exhibit Part 2D, Line 1, Column 1 PY

Less Underwriting and Investment Exhibit Part 2D, Line 4, Column 1 CY

Plus Underwriting and Investment Exhibit Part 2D, Line 4, Column 1 PY

Property Exhibit of Premiums and Losses, Column 2 sum of Lines 13 through 15.



Detail Eliminated to Conserve Space

Column 6 – Direct Incurred Claims Amount

This column does not include the “Increase in Policy Reserves.”

The grand total reported should equal:

Life\Fraternal Exhibit 8, Part 2, Line 6.1, Columns (9+10+11).

Minus Exhibit 6, Line 14, Column 1 CY.

Plus Exhibit 6, Line 14, Column 1 PY.

Health	Underwriting and Investment Exhibit, Part 2, Line 12.1, Column 1 minus Column 14.
	NOTE: This excludes payments for any administrative costs.
Property	Exhibit of Premiums and Losses, Column 6 sum of Lines 13 through 15.



Detail Eliminated to Conserve Space



Column 10 – Change in Contract Reserves

The Policy Experience Exhibit requires that the change in contract reserves should be on a direct basis. This is the direct basis included in the sum of:

Line 2, Grand Total Individual, Group and Other Business of “D” Total Business should equal:

A. The Change in Additional Reserves

~~Life\Fraternal: Exhibit 6, Lines 2 + 3, Column 1. Current year minus prior year.~~

Health: Underwriting and Investment Exhibit, Part 2D, Line 2, Column 1. Current year minus prior year.

B. Plus the Change in the Reserve for Future Contingent Benefits

~~Life\Fraternal: Exhibit 6, Line 4, Column 1. Current year minus prior year.~~

Health: Underwriting and Investment Exhibit, Part 2D, Line 3, Column 1. Current year minus prior year.

C. Less the Change in the Premium Deficiency Reserve

~~Life\Fraternal
and Property: Footnote (a) Schedule H Part 2. Current year minus prior year.~~

Health: Footnote (a) Underwriting and Investment Exhibit Part 2D. Current year minus prior year.

W:\QA\BlanksProposals\2023-03BWG.docx

This page intentionally left blank.