POLICY IN FORCE STANDARDIZED DATA REQUEST
Long-Term Care Line of Business

Contents: This file should be downloaded from company system(s) and contain one record for each policy or contract that the company issued which provided long-term care insurance coverage to [applicable state] residents at any time during the examination period.

For any fields where there are multiple entries, please repeat field as necessary. If fields are related, denote by adding a number suffix to applicable fields.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the issuance of long-term care policies or contracts in [applicable state] within the scope of the examination.
- Cross-reference with the company's MCAS data to validate MCAS reporting and review the exam data for completeness;
- Cross-reference with the claims data file to validate the completeness of the in force file; and
- Cross-reference to state (s) licensing information to ensure proper producer licensure.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
PolPre	6	3	A		Policy prefix (**Blank if NONE**)
PolNo	9	20	A		Policy number
PolSuf	29	3	A		Policy suffix (**Blank if NONE**)
CertNo	32	10	A		Certificate number, if applicable
GroupNo	42	5	A		Group number, if applicable
PaySt	47	2	A		State where premium is reported in annual statement, as of the end of the exam period
PolType	49	25	A		Type of policy (i.e. long-term care, limited long-term care, nursing home only, life rider, etc.)
PolSt	74	2	A		State abbreviation of insured as of the end of the exam period
IssSt	76	2	A		State abbreviation where policy was issued
PolForm	78	10	A		Policy form number as filed with the insurance department
ProdName	88	50	A		Company's product name
PrCode	138	9	A		Company internal producer, CSR, or business entity producer identification code **Please provide a list to explain any codes used**
NPN	147	6	A		National producer number
PRFirst	153	15	A		First name of producer or CSR
PRMid	168	15	A		Middle name of producer or CSR
PRLast	183	20	A		Last name of producer or CSR or name of business entity producer
Joint	203	1	A		Is this a joint benefit contract? (Y/N)
InsIDNo	204	10	A		Number assigned to individual insured by the company **If more than one insured is covered under the contract, repeat this field as necessary. (Ex: InsIDNo1, INsIDNo2, etc**.)

Field Name	Start	Length	Type	Decimals	Description
InsFirst	214	15	A		First name of insured
InsMid	229	15	A		Middle name of insured
InsLast	244	20	A		Last name of insured
InsAddr	264	25	A		Insured street address
InsCity	289	20	A		Insured city
InsSt	309	2	A		Insured state
InsZip	311	5	A		Insured ZIP code
InsDOB	316	10	D		Insured date of birth [MM/DD/YYYY]
InsSx	326	1	A		Insured's sex (M/F)
LTCBnAmA	327	10	N	2	Daily benefit applied for
LTCBnAm	337	10	N	2	Daily benefit issued
BenPlCd	347	3	A		Benefit plan code or uniform code utilized by the company to identify eligible benefits **Please provide a list of plan codes and their descriptions**
LTCInf	350	1	A		Does this contract have an inflation protection benefit? (Y/N)
HCElmPer	351	1	A		Is there a homecare elimination period in this contract? (Y/N)
HCLenElm	352	3	N		Length of homecare elimination period
HCTmElm	355	1	A		Is the homecare elimination period a one-time elimination period (Y/N)
FCElmPer	356	1	A		Is there a facility elimination period in this contract? (Y/N)
FCLenElm	357	3	N		Length of facility elimination period
FCTmELm	360	1	A		Is the facility elimination period a one-time elimination period (Y/N)
LTCQlfy	361	1	A		Is this a qualified or non-qualified policy? **Q=Qualified N=Nonqualified**
AppDt	362	10	D		The individual's original application date [MM/DD/YYYY]
AppRecDt	372	10	D		Date individual's application received [MM/DD/YYYY]
AppProDt	382	10	D		Date individual's application processed [MM/DD/YYYY]
IssDt	392	10	D		Individual's policy or certificate issue date [MM/DD/YYYY]
EffDt	402	10	D		Individual's policy or certificate effective date [MM/DD/YYYY]
Amrden	412	30	A		All applicable amendments, riders, and endorsements added **Please provide a list to explain any codes used**
AnnPrem	442	10	N	2	Annual policy premium
PrmRtDt	452	10	D		Date of last premium rate change [MM/DD/YYYY])
PaidDt	462	10	D		Date to which the policy is paid [MM/DD/YYYY]
CanReqDt	472	10	D		Date cancellation requested, if applicable [MM/DD/YYYY]
CanTerRs	482	64	A		Reason for cancellation/termination of coverage Example: Lapse, death, cash surrender, etc. **If codes are used, provide a list of all cancellation codes along with their meanings**
CanTer	546	1	A		Who cancelled the coverage **C=Consumer** and **I=Insurer**
CanTerNt	547	10	D		Date notice (cancellation, nonrenewal, lapse in coverage) was mailed [MM/DD/YYYY]

Field Name	Start	Length	Type	Decimals	Description
CanTerDt	557	10	D		Date policy cancelled/terminated [MM/DD/YYYY]
NonFor	567	1	A		Nonforfeiture option applied to policy? (Y/N)
NonType	568	15	A		Type of nonforfeiture **If codes are used, provide a list of all nonforfeiture codes along with their meanings**
NonFNDt	583	10	D		Date notice offering nonforfeiture option was made [MM/DD/YYYY]
NonRecDt	593	10	D		Date company received request for nonforfeiture action [MM/DD/YYYY]
NonProDt	603	10	D		Date company processed nonforfeiture request or took nonforfeiture action [MM/DD/YYYY]
NonForPr	613	3	N		Reduced benefit period in months after nonforfeiture option was applied
NonFrAm	616	10	N	2	Amount of policy benefits after nonforfeiture option applied
RefAmt	626	10	N	2	Amount of refund, if applicable
RefDt	636	10	D		Date refund mailed, if applicable [MM/DD/YYYY]
RefTo	646	15	A		Person who received refund, if applicable
EndRec	661	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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