



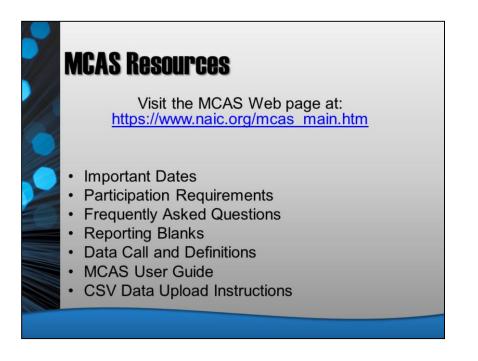
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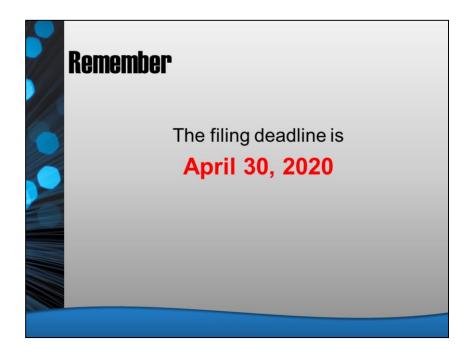
Hi, I'm \_\_\_\_\_\_. In this section of the Market Conduct Annual Statement training we will be reviewing the data elements that must be provided for the Long-Term Care MCAS.



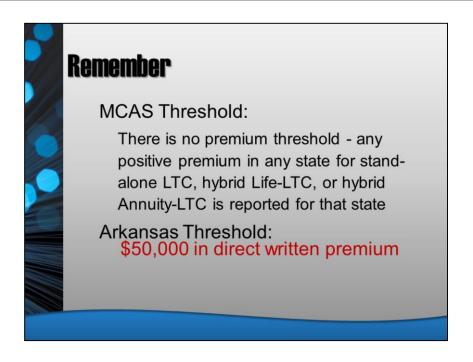
Many MCAS related resources are available to you on the MCAS web page. I encourage you to visit the page frequently to find the latest reporting information.

The available resources include:

- · A Listing of Important Dates
- · Participation Requirements
- Frequently Asked Questions
- Reporting Blanks
- · Data Call and Definitions
- · Copy of the Call Letter
- MCAS User Guide
- And CSV Data Upload Instructions



Before we begin, please be sure to remember that the current year MCAS filing deadline is April  $30^{\text{th.}}$ 



Long-term care (LTC) was a new MCAS line of business included for the 2014 data year. With only one exception, there is no premium threshold for this line of business. Companies with any in-force LTC policies are required to report in all participating jurisdictions (for those jurisdictions in which they have in-force policies).

The Arkansas LTC threshold is \$50,000. A company is required to report LTC MCAS data for Arkansas if they wrote at least \$50,000 in stand-alone LTC, hybrid LTC-Life, or hybrid Annuity-LTC premium; or all for the state.

	nterrogatories			
Lor	ng-Term Care Interrogatories			
		Yes No		
		Response	Explanation	
01	Does the company have data to report for Stand-Alone Long-Term Care? 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				
and the second s	reporting period? If Ves, please explain.			
06/07	period? If yes, please explain.			
00/00	reporting period? If Yes, please explain.			
	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 ves, please explain.			
12/13	period? If ves, please explain.			
	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): Additional state specific Annuity Long-Term Care Hybrid comments (optional):	-		

The first section of questions that you will see in the data entry screen is the interrogatories. The interrogatories provide one location for all comments and questions that require a text response.

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Long Term	PALA MPA9	9001111221	
INTERROGATORIES			Next
	Yes No Response		
GENERAL INFORMATION			Previous Next
	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hy
CLAIMANTS AND CLAIMANT R	EQUESTS ACTIVITY		Previous Next
	Stand Alone LTC	Life LTC Hybrid	Annuity LTC H
BENEFIT PAYMENT REQUESTS	ACTIVITY		Previous Next
	Stand Alone LTC	Life LTC Hybrid	Annuity LTC H
LAWSUIT ACTIVITY			Previous
	Stand Alone LTC	Life LTC Hybrid	Annuity LTC H

You will notice on your data entry screen within the MCAS submission tool that there is one page for Interrogatory questions and four separate pages of data questions for the policy types.

There are a total of 7 sections or schedules for the Long-Term Care MCAS, with the Interrogatories being the first, however, within the MCAS submission tool the data questions are separated into five total pages for a better user experience within the tool itself.

The five pages of data entry are Interrogatories, General Information, Claimants and Claimant Requests Activity, Benefit Payment Requests Activity and Lawsuit Activity.

We will discuss the details of each section throughout this tutorial, but the way each page of information begins for the Long-Term Care MCAS appear here.

		Yes No	111125330			
01	Does the company have data to report for Stand-Alone Long-Term Care?	Response	Explanation n/a			
02	Does the company have data to report for Life Long-Term Care Hybrid?		n/a			
03	Does the company have data to report for Annuity Long-Term Care Hybrid?		n/a			
04/05						
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.					
	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.					
	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	period? If Yes, please explain.					
	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.					
26	Additional state specific Stand-Alone Long-Term Care comments (optional):					
17	Additional state specific Life Long-Term Care Hybrid comments (optional): Additional state specific Annuity Long-Term Care Hybrid comments (optional):					
Lor	ng-Term Care General Information				Life	Ann
				Stand-Alone LTC	LTC 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.					
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The first interrogatories ask insurers to indicate if they will be reporting data for each of the policy types for the line of business selected.

	Yes No Response	Explanation			
Does the company have data to report for Stand-Alone Long-Term Care?	Y	n/a			
Does the company have data to report for Life Long-Term Care Hybrid?	Ý	n/a			
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Stand-Alone LTC - Has the company had a significant event or business strategy change that would affect the data for this reporting period? If ver, please explain.	<u> </u>				
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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.					
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If you answer "YES" you must provide data to each of the data questions in the schedule;

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20 Number of new business policies/contracts issued during the period.
<ol> <li>Number of policies/contracts in-force as of the beginning of the reporting period.</li> </ol>

If you respond "NO", you must leave all the response boxes blank for that line of business. You should only provide data for schedules that you are required to report on.

	nterrogatories			
	-			
Lon	g-Term Care Interrogatories			
14		Yes No Response	Explanation	
	Does the company have data to report for Stand-Alone Long-Term Care?		n/a	
	Does the company have data to report for Life Long-Term Care Hybrid? Does the company have data to report for Annuity Long-Term Care Hybrid?		n/a o/a	
	Open the company have data to report the annuary long-term care Hyprior Stand-Alone LTC - Has the company had a significant event or business strategy change that would affect the data for this reporting encircled if ves, please evaluan.		n/a	
	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.			
	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 rybrid - Has all of part of this block of business been sold, closed or moved to another company during the reporting period's fives, please explain.			
	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): Additional state specific Annuity Long-Term Care Hybrid comments (optional):			
	Additional state specific Annutry Lang-Yern Greeninghod comments (optional)			

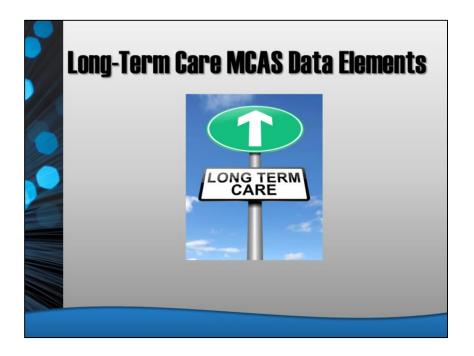
If you indicate that you will be reporting data for a policy type, you are asked if there has been a significant event or business strategy change that would affect the data for this reporting period. These could include assuming blocks of business, shifting market strategies, or underwriting changes.

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No.						
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		nterrogatories				
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10 10						
1/A	Lon	g-Term Care Interrogatories				
6 / 12	LUII	g-renn care interrogatories				
11			Yes No Response	Explanation		
	01	Does the company have data to report for Stand-Alone Long-Term Care?	Response	n/a		
	02	Does the company have data to report for Life Long-Term Care Hybrid?		n/a		
	03	Does the company have data to report for Annuity Long-Term Care Hybrid?		n/a		
Branks	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.				
1100	06/07	Life LTC Hybrid - Has the company had a significant event or business strategy change that would affect the data for this reporting				
	100	period? If ves, please explain.				
		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.				
	20/11	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				
	16	period? If Yes, please explain.				
	17	Additional state specific Stand-Alone Long-Term Care comments (optional): Additional state specific Life Long-Term Care Hybrid comments (optional):				_
	18	Additional state specific Annuity Long-Term Care Hybrid comments (optional):				
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You are also asked if any part of the block of business has been sold, closed or moved to another company during the reporting period. These questions are your opportunity to explain any of your data that you anticipate may generate an inquiry from the state regulators. It is important that these questions be answered fully to allow regulators to have an understanding of your company's MCAS filing results.

	-				
11 1 180		nterrogatories			
1000					
	Lon	g-Term Care Interrogatories			
	_		Yes No		
			Response	Explanation	
	01	Does the company have data to report for Stand-Alone Long-Term Care? Does the company have data to report for Life Long-Term Care Hybrid?		n/a	
	02	Does the company have data to report for Line Long-Term Care Hybrid? Does the company have data to report for Annuity Long-Term Care Hybrid?		n/a n/a	
	04/05	Stand-Alone LTC - Has the company had a significant event or business strategy change that would affect the data for this		14.8	
		reporting period? If Yes, please explain.			
	100	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.			
		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.			
	10/13	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.			
		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 ves, please explain.			
	16	Additional state specific Stand-Alone Long-Term Care comments (optional)			
	17	Additional state specific Life Long-Term Care Hybrid comments (optional): Additional state specific Annuity Long-Term Care Hybrid comments (optional):			
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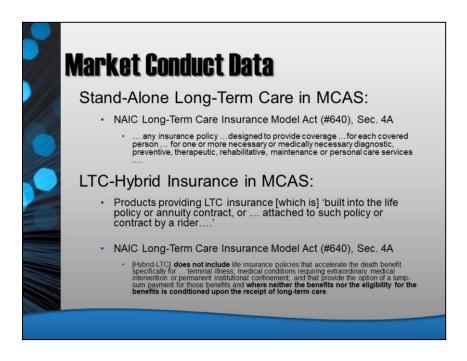
The interrogatories also provide space where you may enter any state specific comments for the policy types. Any areas of your data that may raise questions or generated a warning when your data was validated should be explained fully in these comment areas. At the end of this tutorial we will discuss the MCAS validations in more detail along with the importance of using the comments sections.



The LTC MCAS requests market conduct data on three types of policies that offer long-term care coverage.

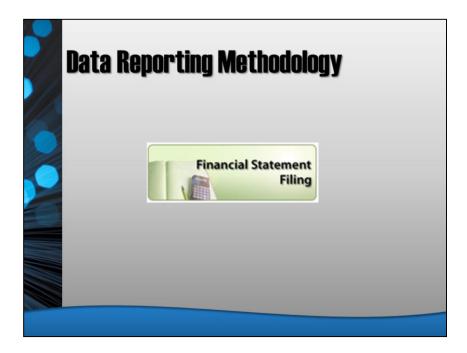


Stand-Alone LTC policies, Life LTC Hybrid policies and Annuity LTC Hybrid policies. Please note, that MCAS is only collecting data on individual policies, not LTC offered through group coverage.



The definitions of Stand-Alone and Hybrid-LTC insurance can be found in the MCAS Data Call and Definitions. The Data Call and Definitions reference Section 4.A. of the NAIC Long-Term Care Insurance Model Act (#640). Stand-Alone LTC, per the Model Act, is "any insurance policy...designed to provide coverage ...for each covered person ... for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services ...." LTC-Hybrid products, per the MCAS Hybrid-LTC Data Call and Definitions are products in which LTC coverage is built into the life policy or annuity contract, or attached to them by a rider. The definitions for hybrid LTC also references Sec 4A of the LTC Model Act. Per the Model, Hybrid-LTC riders and policies would only qualify for reporting if the trigger for coverage is solely conditioned on the receipt of eligible long-term care. So if a life policy provides accelerated death benefits, but those benefits can be received for other conditions in addition to LTC needs, it would not be included in MCAS.

As the data elements for hybrid products and stand-alone products are basically the same, with one exception, we will discuss them all together. However, they must be reported separately.



Before we move on to the main data elements, it's important to point out that if there is any question regarding data reporting methodology, you should follow the same methodology used to report on the Financial Annual Statement.

	n-Force & New Business			
111	long-Term Care General Information			
		Stand-Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
	9 Number of policies/contracts in-force as of the beginning of the reporting period.			
	0 Number of new business policies/contracts issued during the period.			
	- Internet of the second			
	2 Number of lapses during the period.			
	4 Number of policies/contracts in-force as of the end of the period.			
	5 Number of internal replacements during the period.			
	· · · · · · · · · · · · · · · · · · ·			
-		n/a		
	8 Number of policies/contracts replaced where age of insured at replacement was between 65 and 80.	n/a		
-		n/a		
	0 Number of complaints received directly from consumers.			
	January 1, 2019 – Decemi	oer 31	, 20	19

Now we're ready to discuss the Long-Term Care MCAS questions. The first questions are about policies issued during the period:

Both the Stand-Alone and Hybrid LTC schedules ask for the

Total number of policies/contracts in-force at the beginning of the reporting period

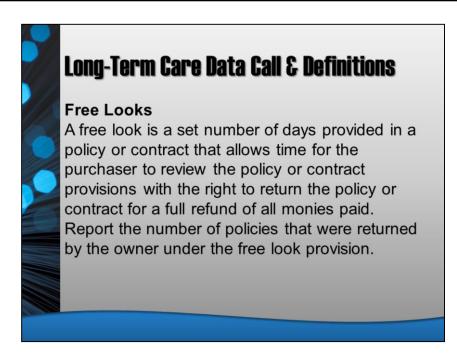
And the

Total number of new business policies/contracts issued by the company during the period

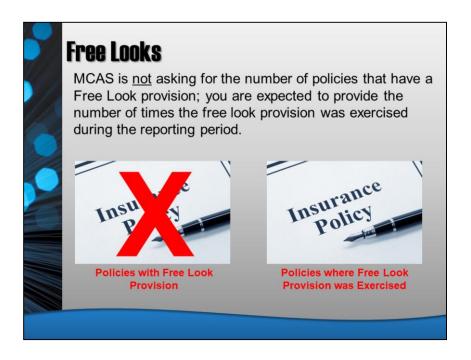
As mentioned before, the reporting period only includes those policies issued between January 1 and December 31. If a policy was applied for on December 31 of the reporting period, but not finally issued until the middle of January, do not count it.

19	ng-Term Care General Information			
			Life	Annuity LTC
	Number of policies/contracts in-force as of the beginning of the reporting period.	Stand-Alone LTC	LTC Hybrid	Hybrid
20	Number of punces contracts in-orde as or the beginning of the reporting 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. Number of policies/contracts replaced where age of insured at replacement was < 65.	- 1-		
27	Number of policies/contracts replaced where age of insured at replacement was < 65. Number of policies/contracts replaced where age of insured at replacement was between 65 and 80.	n/a n/a		
3	Number of policies/contracts replaced where age of insured at replacement was between 05 and au.	n/a		
30	Number of complaints received directly from consumers.			
	January 1, 2019 – Dece	mber 31	, 20	19

Next you are asked to report the number of free look cancellations during the period. Note that, regardless of when the policy was issued, you should include only those free looks that occurred during the reporting period



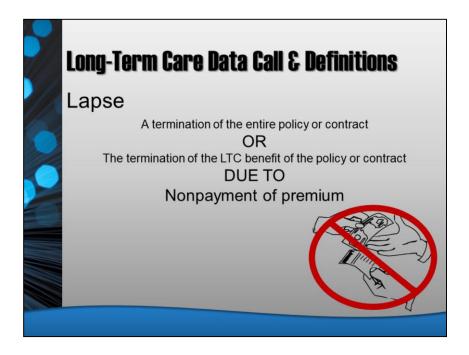
A free look is a set number of days provided in a policy or contract that allows time for the purchaser to review the policy or contract provisions with the right to return the policy or contract for a full refund of all monies paid. Report the number of policies that were returned by the owner under the free look provision.



MCAS is **not** asking for the number of policies that have a Free Look provision; you are expected to provide the number of times the free look provision was exercised during the reporting period.

Lapses		
Long-Term Care General Information		
	Read Store 17	Life Annuity LT LTC Hybrid Hybrid
19 Number of policies/contracts in-force as of the beninning of the reporting period.	Stand-Alone LTC	LTC Hyona Hyona
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.		
	n/a	
29 Number of policies/contracts replaced where age of insured at replacement was > 80.	n/a	
30 Number of complaints received directly from consumers.		
January 1, 2019	9 – December 31	, 2019
	19         Number of policies/constructs in-force as of the beginning of the reporting period.           10         Number of the look constitution during the period.           11         Number of the look constitution during the period.           12         Number of the look constitution during the period.           13         Number of indication during the period.           14         Number of indication during the period.           15         Number of indication during the period.           16         Number of indication during the period.           17         Number of indication during the period.           18         Number of indication during the period.           19         Number of complexitorizets replacements during the period.           19         Number of complexitorizets replaced where age of insured at replacement was > 00.           10         Number of complexitorizet replaced during the period.	39         Number of policies/contracts issed doing the proof.         Taind-Allow LTC           30         Number of new basiness policies/contracts issed doing the proof.         Taind allow LTC           30         Number of new basiness policies/contracts issed doing the proof.         Taind allow LTC           31         Number of logies doing the proof.         Taind allow LTC           32         Number of new contracts issed doing the proof.         Taind allow LTC           34         Number of new replacements doing the proof.         Taind allow LTC           35         Number of restrict inforce as of the net of the proof.         Taind allow LTC           36         Number of policies/contracts regioned where ago of insured at regulacement tais <165.

The next data element asks that you report the number of lapses during the period.



A lapse is the termination of the entire policy or contract or the termination of the LTC benefit of the policy or contract due to nonpayment of premium.

	R	escissions		
1	1.0	a Tam Can Canad Information		
	LO	ng-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 22	Number of free look cancellations during the period. Number of laoses during the period.		
	23	Number of lapois 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.		
1	26	Number of external replacements during the period.		
	27	Number of policies/contracts replaced where age of insured at replacement was < 65.	n/a	
	28 29	Number of policies/contracts replaced where age of insured at replacement was between 65 and 80.	n/a	
	30	Number of policies/contracts replaced where age of insured at replacement was > 80. Number of complaints received directly from consumers.	n/a	
		January 1, 2019 – Dece	mber 31, 2	019
		,		
			and the second	

Then you are asked to report the number of rescissions during the period.



A rescission is the invalidation of a policy or contract or invalidation of the LTC coverage portion of a policy or contract by an insurer, in accordance with the guidelines provided in the NAIC Long-Term Care Insurance Model Act (#640).

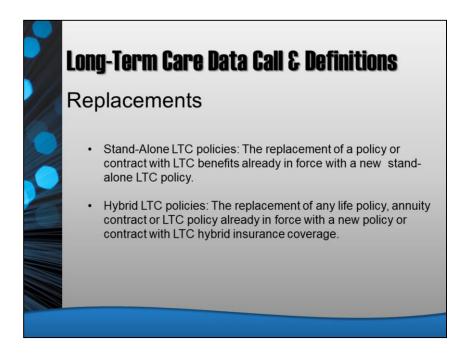
	Policies In-Force			
1				
14	Long-Term Care General Information			
		Stand-Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
	19 Number of policies/contracts in-force as of the beginning of the reporting period.	And A COLOR		infector.
-	20 Number of new business policies/contracts issued during the period.			
	21 Number of free look cancellations during the period.			
	Number of lapses during the period.     Number of rescissions during the period.			
	Number of resossions during the period.     Number of policies/contracts in-force as of the end of the period.			
	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.	n/a		
	28 Number of policies/contracts replaced where age of insured at replacement was between 65 and 80.	n/a		
-	Number of policies/contracts replaced where age of insured at replacement was > 80.     Number of complaints received directly from consumers.	n/a		
-	30 Namper of completions receives on eculy iron consumers.			
	End of Reporting Period De	ecember 3	1, 2	019

Next, you are asked to report the number of policies in-force at the end of the period. The number of policies in-force, is simply the number of in-force policies and contracts on the last day of the **reporting** period (which is December 31).

	Replacements		
	Long-Term Care General Information		
		Stand-Alone LTC	Life Annuity 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.		
	Number of lapses during the period.     Number of rescissions during the period.		
	Number of resossons during the period.     Number of policies/contracts in-force as of the end of the period.		
	Number of policeg contracts in-force as of the period.     Number of internal replacements during the period.		
1	26 Number of external replacements during the period.		
	27 Number of policies/contracts replaced where age of insured at replacement was < 65.	n/a	
	28 Number of policies/contracts replaced where age of insured at replacement was between 65 and 80.	n/a	
	29 Number of policies/contracts replaced where age of insured at replacement was > 80.	n/a	
	30 Number of complaints received directly from consumers.		
	January 1 2010 Dec	ombor 24	2010
	January 1, 2019 – Dec	emper 31,	2019
		-	

There is a series of questions addressing "replacement" activity during the reporting period. As we mentioned, the reporting period for the data year is January 1 through December 31. So, you would provide the number of replacements **issued** between January 1 and December 31. For all products (<u>Stand-Alone LTC, Life LTC Hybrid and Annuity LTC Hybrid</u>) you are asked to provide

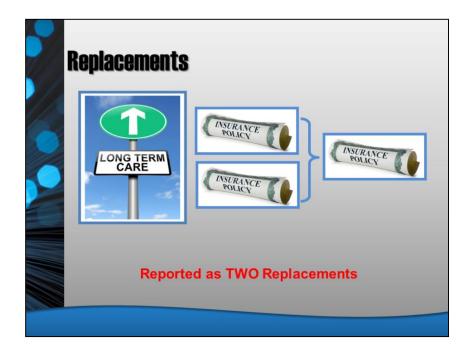
Number of internal replacements issued during the period, and the Number of external replacements issued during the period



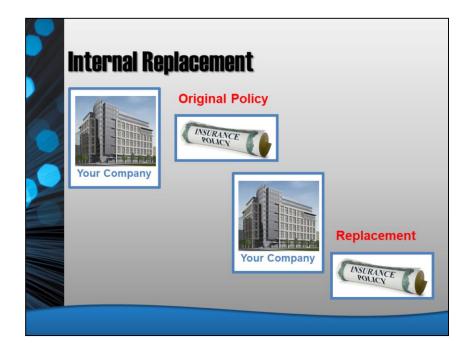
The definition of a replacement policy as stated in the Long-Term Care Data Call & Definitions for Stand-Alone LTC policies is the replacement of a policy or contract with LTC benefits already in force with a new LTC policy. (Please note that new LTC policy means a stand-alone LTC policy.)

The definition for Hybrid LTC policies is the replacement of any life policy, annuity contract (that is, any life or annuity policy whether or not it already has LTC coverage) or LTC policy already in force with a new policy or contract with LTC hybrid insurance coverage.

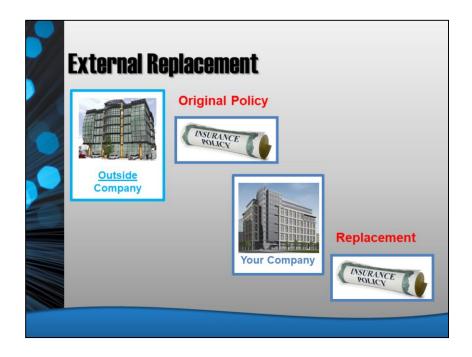
Remember that you should report the replacement according to what type of product the new policy is.



Note that if a person replaces two policies with one policy, this should be counted as two replacements.



An internal replacement is when the policy to be replaced was also issued by your company,



and an external replacement is when the policy to be replaced was issued by another company. The replacements reported **do not** include policies written by your company that are replaced by policies issued by another company.

Sumber of part     Number of sm     Sumber of sm	Care General Information initial contracts in-free as of the beginning of the reporting period. • builden political contracts issued during the period. • build encoderations during the period.	Stand-Alpee UC	Life	
Sumber of part     Number of sm     Sumber of sm	licity/contracts in-force as of the begivning of the reporting period. • business policies/contracts issued during the period. • look cancellations during the period.	Stand-Alone LTC		
20 Number of an 21 Number of Nu 22 Number of Nu 23 Number of Nu 23 Number of Nu 25 Number of Nu 25 Number of Nu 27 Number of Nu 28 Number of Nu 29 Number of Nu 20 N	w business policies/contracts issued during the period. e look cancellations during the period.	Stand-Alone LTC		Annuity LTC
20 Number of an 21 Number of Nu 22 Number of Nu 23 Number of Nu 23 Number of Nu 25 Number of Nu 25 Number of Nu 27 Number of Nu 28 Number of Nu 29 Number of Nu 20 N	w business policies/contracts issued during the period. e look cancellations during the period.		LTC Hybrid	Hybrid
Kunther of two     Kunther	e look cancellations during the period.			
21 Number of lar 22 Number of lar 23 Number of lar 24 Number of lar 25 Number of lar 26 Number of lar 27 Number of lar 28 Number of lar 29 Number of lar 29 Number of lar 20 Number of	e look cancellations during the period.			
23 Namber of res 24 Namber of poi 25 Namber of poi 26 Namber of en 27 Namber of en 28 Namber of poi 29 Namber of poi 29 Namber of poi 30 Namber of poi	our during the period			
24 Number of pol 25 Number of init 26 Number of poi 27 Number of poi 28 Number of poi 29 Number of poi 30 Number of coi	tes suring the period.			
25 Number of int. 26 Number of ext. 27 Number of pol 28 Number of pol 29 Number of pol 30 Number of con	cissions during the period.			
26 Number of est 27 Number of poi 28 Number of poi 29 Number of poi 30 Number of con	icies/contracts in-force as of the end of the period.			
27 Number of pol 28 Number of pol 29 Number of pol 30 Number of con	ernal replacements during the period.			
28 Number of pol 29 Number of pol 30 Number of con	ernal replacements during the period.			
29 Number of pol 30 Number of con	icies/contracts replaced where age of insured at replacement was < 65.	n/a		
30 Number of con	icies/contracts replaced where age of insured at replacement was between 65 and 80.	n/a		
	icies/contracts replaced where are of insured at replacement was > 80.	n/a		
Jan	nplaints received directly from consumers.			
	uary 1, 2019 –	December 31	, 20	19

In addition, *ONLY* for the Life LTC Hybrid and Annuity LTC Hybrid products you are asked to provide

The number of policies replaced where the age of insured at replacement was < 65 years old,

The number of policies replaced where the age of insured at replacement was between 65 years old and 80 years old, and the

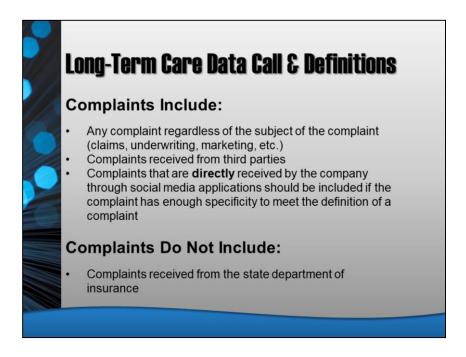
Number of policies replaced where the age of insured at replacement was > 80 years old

Please note that if more than one person is insured on the policy, you would use the age of the oldest insured.

The next question asks for the number of complaints received directly from consumers. Please note that complaints should be counted separately for Stand-Alone LTC, Life-Hybrid LTC, and Annuity-Hybrid LTC.

## <section-header>

A complaint is defined as "Any written communication from a consumer that expresses dissatisfaction with a specific person, or entity, or product subject to regulation under the state's insurance laws. An oral communication, which is subsequently converted to a written form, will meet the definition of a complaint for this purpose."



Complaints should be included in the complaint count regardless of the subject of the complaint. So, whether it is regarding claims, underwriting, marketing, or another area, it should be included. Complaints received from third parties also should be included. Complaints that are **directly** received by the company through social media applications should be included if the complaint has enough specificity to meet the definition of a complaint. Please note that this does not include complaints that have been received via the department of insurance.

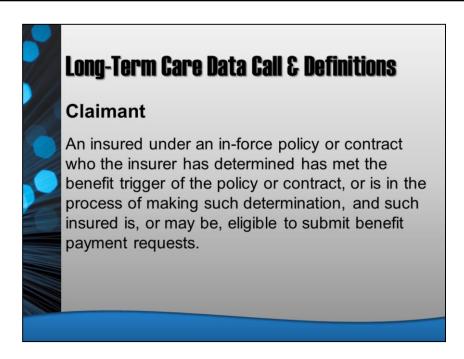
Now Tressa Smith will discuss the remaining Long Term Care MCAS data elements.

Annober of circle	re Claimants and Claimant Requests Activity ts period. ts with pendig claimat report determinations as of the beginning of period. the the pendig claimat report determinations as of the beginning of period.	Stand-Alone LTC	Life LTC Hybrid	Annuity L
Long-Term ( 1. Number of kain 2. Number of kain 2. Number of kain 3. Number of kain 4. Al state dama 4. Number of kain 4. Number of kain 4	re Claimants and Claimant Requests Activity ts period. ts with pendig claimat report determinations as of the beginning of period. the the pendig claimat report determinations as of the beginning of period.	Stand-Alone LTC		
Long-Term ( 1. Number of kain 2. Number of kain 2. Number of kain 3. Number of kain 4. Al state dama 4. Number of kain 4. Number of kain 4	re Claimants and Claimant Requests Activity ts period. ts with pendig claimat report determinations as of the beginning of period. the the pendig claimat report determinations as of the beginning of period.	Stand-Alone LTC		
Long-Term ( 1. Number of kain 2. Number of kain 2. Number of kain 3. Number of kain 4. Al state dama 4. Number of kain 4. Number of kain 4	re Claimants and Claimant Requests Activity ts period. ts with pendig claimat report determinations as of the beginning of period. the the pendig claimat report determinations as of the beginning of period.	Stand-Alone LTC		
Long-Term ( 1. Number of kain 2. Number of kain 3. Number of kain	re Claimants and Claimant Requests Activity ts period. ts with pendig claimat report determinations as of the beginning of period. the the pendig claimat report determinations as of the beginning of period.	Stand-Alone LTC		
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Annubre of circle	Its approach for beaufies as of the beginning of period. Its will pending claimet request determinations as of the beginning of period. Insuch pending claimet request determinations as of the end of the period.	Stand-Alone LTC		
Annubre of circle	Its approach for beaufies as of the beginning of period. Its will pending claimet request determinations as of the beginning of period. Insuch pending claimet request determinations as of the end of the period.	Stand-Alone LTC		
<ul> <li>Number of Number of Num</li></ul>	ts with pending claimant request determinations as of the beginning of period. instatt during the period. Is with pending claimant request determinations as of the end of the period.	Stand-Alone LTC		
<ul> <li>Number of Number of Num</li></ul>	ts with pending claimant request determinations as of the beginning of period. instatt during the period. Is with pending claimant request determinations as of the end of the period.			Annuity I Hybrid
<ul> <li>Number of Number of Num</li></ul>	ts with pending claimant request determinations as of the beginning of period. instatt during the period. Is with pending claimant request determinations as of the end of the period.		Lie rijona	rijui n
<ul> <li>Number of kars</li> <li>Number of kars<td>imants during the period. ts with pending claimant request determinations as of the end of the period.</td><td></td><td></td><td></td></li></ul>	imants during the period. ts with pending claimant request determinations as of the end of the period.			
Souther of cars     Number of num     Num     Number of num     Num     Number of num				
Source of the second seco				
17 Number of Langel      17 Number of Lan	ts approved for benefits as of the end of the period.			
<ol> <li>Number of Cain</li> <li>Number of Number of N</li></ol>	t requests denied or not paid because claimant did not pursue (inactivity or death).			
A number of cain     A number of num     A number	t requests denied or not paid due to preexisting condition exclusion.			
40 Number of last 41 Alshar Camboo of last 42 Al shar Camboo of last 43 Number of last 44 Number of last 45 Number of last 46 Number of last 47 Number of last 48 Number of last 49 Number of last 40 Number of last 50 Number of last 51 Number of last 51 Number of last 52 Number of last 53 Number of last 54 Number of last 55 Number of last	t requests denied or not paid due to elimination or waiting period not met.			
41 Number of the 43 Number of car 44 Number of car 45 Number of car 45 Number of car 46 Number of car 46 Number of tan 47 Number of tan 48 Number of tan 49 Number of tan 40 Number o	it requests denied or not paid because services provided not covered under the policy.			
42 All other cleans 44 Instance of our 45 Instance of our 45 Instance of our 46 Instance of our 47 Instance of our 48 Instance of our 49 Instance of our 40 Instance of our 40 Instance of our 40 Instance of our 40 Instance of our 41 Instance of our 41 Instance of our 42 Instance of our 43 Instance of our 44 Instance of our 45 Instance of our 45 Instance of our 46 In	t requests denied or not paid because provider or facility not qualified under the policy.			
43 member of air 44 minute of air 45 member of air 46 minute of air 47 member of hair 47 member of hair 48 member of hair 49 member of hair 49 member of hair 40 member of hair 40 member of hair 41 member of hair 42 member of hair 43 member of hair 44 member of hair 45 member of hair 45 member of hair 46 member of hair 46 member of hair 46 member of hair 47 member of hair 48 member of hair 49 member of hair 49 member of hair 40 member of hair	t requests denied or not paid because benefits eligibility criteria not met.			
44 Number of Lain 45 Number of Cain 46 Number of Cain 47 Number of Cain 47 Number of Isan 48 Number of Isan 49 Number of Isan 40 Number of Isan 40 Number of Isan 40 Number of Isan 41 Number of Isan 42 Number of Isan 43 Number of Isan 44 Number of Isan 45 Number of Isan 45 Number of Isan 46 Number of Isan 47 Number of Isan 48 Number of Isan 48 Number of Isan 48 Number of Isan 49 Number of Isan 49 Number of Isan 40 Number of	requests denied or closed without payment.			
Annoher of Cala     Namber of Cala	quest determinations made within 0-30 days.			
46 Number of data 47 Number of ban 48 Number of ban 48 Number of ban 49 Number of ban 49 Number of ban 40 Number of ban 40 Number of ban 41 Number of ban 42 Number of ban 43 Number of ban 44 Number of ban 45 Number of ban 45 Number of ban 46 Number o	quest determinations made within 31-60 days.			
27 Aunohor of Name 48 Aunohor of Name 49 Aunohor of Name 40 Aunohor of Name 40 Aunohor of Name 41 Aunohor of Name 42 Aunohor of Name 43 Aunohor of Name 44 Aunohor of Name 45 Aunohor of Name 45 Aunohor of Name 46 Aunohor of Name 47 Aunohor of Name 48 Aun	iquest determinations made within 61-90 days.			
47 Number of ban 48 Number of ban 49 Number of ban 50 Number of ban 51 Number of ban 52 Number of ban 53 Number of ban 54 Number of ban 55 Number of ban 54 Number of ban 55 Number of ban	iquest determinations made beyond 90 days.			
47 Number of ben 48 Number of ben 49 Number of ben 50 Number of ben 51 Number of ben 52 Number of ben 53 Number of ben 54 Number of ben 55 Number of ben 55 Number of ben 55 Number of ben	re Benefit Payment Requests Activity			
48 Number of ben 49 Number of ben 50 Number of ben 51 Number of ben 52 Number of ben 53 Number of ben 54 Number of ben 55 Number of ben				
48 Number of ben 49 Number of ben 50 Number of ben 51 Number of ben 52 Number of ben 53 Number of ben 54 Number of ben 55 Number of ben		Stand-Alone LTC	Life LTC Hybrid	Annuity L Hybrid
49 Number of ben 50 Number of ben 51 Number of ben 52 Number of ben 53 Number of ben 54 Number of ben 54 Number of ben	payment requests pending as of the beginning of the period.			
50 Number of ben 51 Number of ben 52 Number of ben 53 Number of ben 54 Number of ben 55 Number of ben 55 Number of ben	payment requests received during the period.			
51 Number of ben 52 Number of ben 53 Number of ben 54 Number of ben 55 Number of ben	payment requests denied or not paid during the period.			
52 Number of ben 53 Number of ben 54 Number of ben 55 Number of ben	payment requests pending as of the end of the period.			
53 Number of ben 54 Number of ben 55 Number of ben	payment requests paid within 0-30 days.			
54 Number of bene 55 Number of bene	payment requests paid within 31-60 days.			
55 Number of ben	payment requests paid within 61-90 days.			
	payment requests paid beyond 90 days.			
	payment requests denied or not paid within 0-30 days.			
	payment requests denied or not paid within 31-60 days.			
	payment requests denied or not paid within 61-90 days.			
55 Number of ben	payment requests denied or not paid beyond 90 days.			

The next two sections in MCAS deals with the claims activity. Please note that there are different sections for reporting claimant and claimant requests vs benefit payment requests. These differences are explained in further detail for each section. It is important to remember to report the experience for those policies or contracts with LTC hybrid benefits and report experience only for the LTC benefit portion of the policy or contract. For example, if the insured on a life LTC hybrid policy dies, you would not report this as a claim on the LTC MCAS. You only report experience the LTC benefit portion of the LTC benefit portion.

e Claimants and Claimant Requests Activity			
		Life	Annuity LT
assessed for hanafire as of the hasinsing of naried	Stand-Alone LTC	LTC Hybrid	Hybrid
with pending claimant request determinations as of the end of the period.			
est determinations made within 61-90 days.			
est determinations made beyond 90 days.			
	approved for benefits as of the beginning of period. with pending clasmer request destiminations as of the beginning of period. with pending clasmer, request destiminations as of the tent of the period. With pending clasmer, request destiminations and period of the period. With pending clasmer, request destimination of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period. Market of the period of the period of the period of the period of the period. Market of the period of the period of the period of the period of the period. Market of the period of th	with particip clansare regard determinations as of the legiting of parod. with particip clansare regard determinations as of the end of the pariod. with particip clansare regard determinations as of the end of the pariod. Parotet Service of the end of the parotet of the pariod. Parotet Service of the end of the parotet of the parotet of the parotet. Parotet Service of the end of the parotet of the parotet of the parotet. Parotet Service of the end of the parotet of the parotet. Parotet Service of the end of the parotet of the parotet. Parotet Service of the end of the parotet of the parotet. Parotet Service of the end of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet. Parotet Service of the parotet of the parotet of the parotet. Parotet Service of the parotet of the p	approved for bandfits as of the baginning of period. with pending clinitum: equent determinations at of the period. With pending clinitum equent determinations and period of the period. With the pending clinitum equent determination and period of the period. With the pending clinitum equitation equitations and period period. With the pending clinitum equitation equitations and period. With the period clinitum equitations and period period. With the period clinitum equitations and with the period. With the period clinitum equitations and with the period of period. With the period clinitum equitations and with the period of period. With the period clinitum equitations and with the period of period.

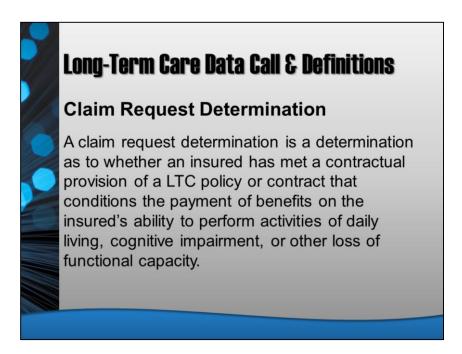
The first few questions deal with claimant requests and claimant request determinations. Reporting for this section is to be done on a "per claimant" basis which means that we are counting **each** individual who makes one or more requests for coverage under a policy or contract. It is **NOT** the actual benefit payment request. Those are reported in the Benefits section.



It may help to review the definition of claimant that is used in the MCAS LTC Data Call and Definitions. A claimant is an insured under an in-force policy or contract who the insurer has determined has met the benefit trigger of the policy or contract, or is in the process of making such determination, and such insured is, or may be, eligible to submit benefit payment requests.

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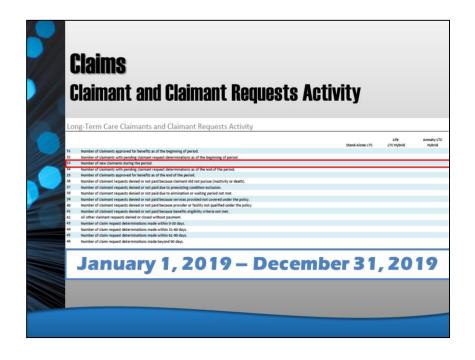
A claimant request is a request or demand for payment made by an insured, or a representative of the insured, for a loss that **may** be included within the terms of coverage of the LTC policy or contract. It does not, however, include events that were reported by the insured for "information only" or an inquiry of coverage when a claim has not actually been presented (opened) for payment.



A claim request determination is a determination, by your company, as to whether an insured has met a contractual provision of a LTC policy or contract that conditions the payment of benefits on the insured's ability to perform activities of daily living, cognitive impairment, or other loss of functional capacity.

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	Claims	
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	Nament and Nament Deguasts Activity	
	Claimant and Claimant Requests Activity	
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1 / 12		
Lo	ong-Term Care Claimants and Claimant Requests Activity	
	•	_
	Life Annuary U Stand-Alone LTC LTC Hirdrid Hirdrid	c
31	Number of claimants approved for benefits as of the beginning of period. Number of claimants with pending claimant request determinations as of the beginning of period.	
32	Number of calmatic with pending calmatic request determinations as of the beginning of period. Number of mer calmatics unity 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 due to preexisting condition exclusion.	
35	Rumber of claimant requests denied or not paid due to elimination or waiting period not met.	_
39	Namber of claimant requests denied or not paid baccura services provided not covered under the policy. Namber of claimant requests denied on not paid baccura services provided not covered under the policy.	
41	Number of culmant requests denied or not pais because provider or taxing not qualified under the poixy. Number of culmant requests denied or not pais because benefits eliphility culture in not met.	
42	All other distance requests being or closed without partients.	
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.	_
	January 1, 2019	
a literation		
		-

Now that we have defined these terms, there are varying types of data that we ask for regarding them. The first two questions are regarding what activity is pending as of the beginning of the reporting period (January 1<sup>st</sup>). The first question asks for the number of claimants approved for benefits as of the beginning of the period. The second asks for the number of claimants with pending claimant request determinations as of the beginning of the period.



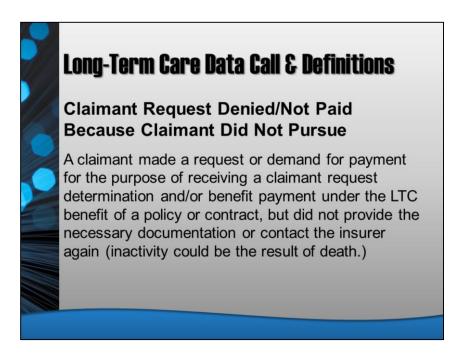
Next we ask how many new claimants there are during the period. Please note that if a claim is re-opened, report the claim as new.

	<b>Claims</b> Claimant and Claimant Requests Activity
	ong-Term Care Claimants and Claimant Requests Activity
	Life Annuity Life Stand-Alone LTC UTC Mybrid Hybrid
31	Number of claimants approved for benefits as of the beginning of period.
52	Number of claimants with pending claimant request determinations as of the beginning of period.
33	
14	Number of claimants with pending claimant request determinations as of the end of the period. Number of claimants approved for benefits as of the end of the period.
22	Nameer or cannance approved for denience as or the end of the period. Nameer or cannance cannance expension and on the period.
37	nember or carmant requests denied on no pad beckwal carmant on no parser (instoring or dearn). Number of calmant requests denied on not pad die to preventing condition exclusion.
35	manager of carminate requests densities on the part date to precision exclusion. Number of carminate requests densities on the paid date to elimination or waiting particid not met.
35	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.
45	Number of claim request determinations made beyond 90 days.
	December 31, 2019

The next two questions are very similar to the first two in this section. However, these are regarding what activity is pending as of the **end** of the reporting period (December 31<sup>st</sup>). The first question asks for the number of claimants approved for benefits as of the end of the period. The second asks for the number of claimants with pending claimant request determinations as of the end of the period.

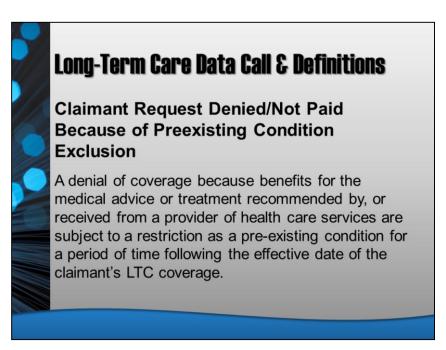
	Claims			
	Viainio			
	Olaimant and Olaimant Dequaata Activity			
	Claimant and Claimant Requests Activity	1		
1/1/2		•		
1/100				
L	ong-Term Care Claimants and Claimant Requests Activity			
			Life	Annuity LTC
31		-Alone LTC	LTC Hybrid	Hybrid
32				
33				
34				
35				
30				
31				
39				
40				
41	Number of claimant requests denied or not paid because benefits eligibility criteria not met.			
42				
43				
44				
45	terrar a company and an and a second a second a			
	Number of claim request determinations made beyond 90 days.			
	January 1, 2019 – December	31,	20	19
and the second s				

The next section of questions, in MCAS, deal with reasons that claimant requests could be denied. There are six reasons to choose from, and one "all other" category. We will quickly cover the reasons in the next few slides. Please note that if a denial could be reported under more than one of the categories, you should report the denial in the category that is most specific to the circumstances surrounding the denial. If a claimant's request was denied, the denial should **NOT** be counted more than once.



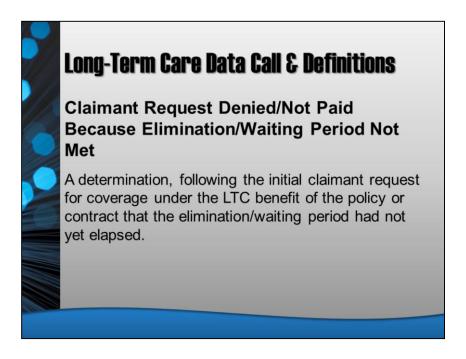
Claimant Request Denied/Not Paid Because Claimant Did Not Pursue-this

would be if a claimant made a request or demand for payment for the purpose of receiving a claimant request determination and/or benefit payment under the LTC benefit of a policy or contract, but did not provide the necessary documentation or contact the insurer again.



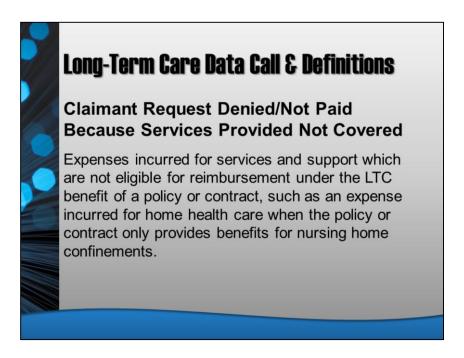
# Claimant Request Denied/Not Paid Because of Preexisting Condition

**Exclusion**—this is a denial of coverage if the benefits are subject to a restriction as a pre-existing condition.



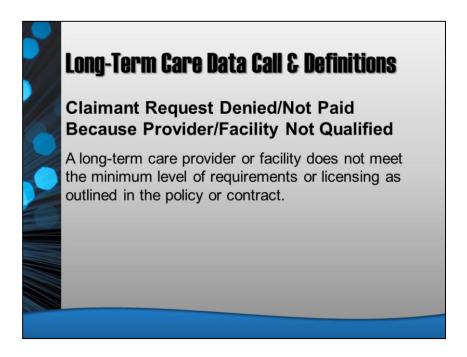
Claimant Request Denied/Not Paid Because Elimination/Waiting Period

**Not Met**—this would be used if the elimination or waiting period had not yet elapsed.



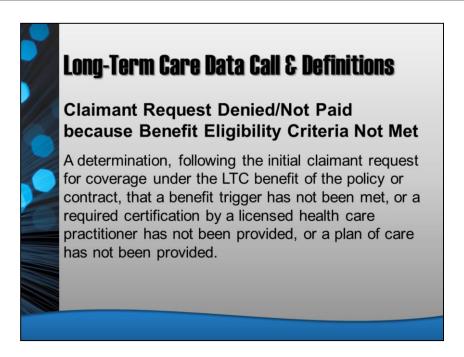
# Claimant Request Denied/Not Paid Because Services Provided Not

**Covered**—this would be chosen if the expenses incurred for services and support are not eligible for reimbursement under the LTC benefit of a policy or contract.



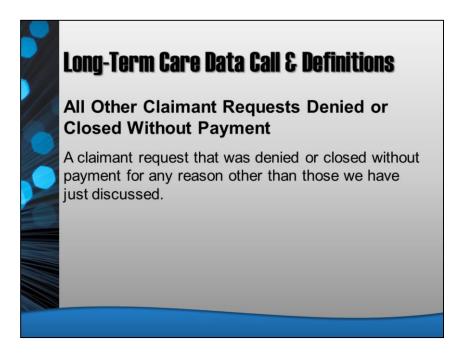
# Claimant Request Denied/Not Paid Because Provider/Facility Not

**Qualified**—this is for denials because the long-term care provider or facility does not meet the minimum level of requirements or licensing as outlined in the policy or contract.

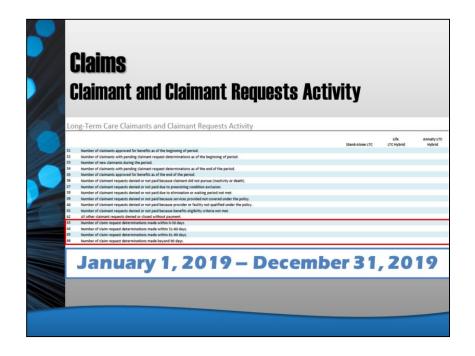


# Claimant Request Denied/Not Paid because Benefit Eligibility Criteria Not

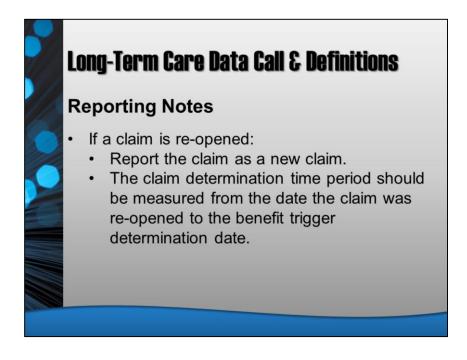
**Met**—This is used if it is determined that the initial claimant request for coverage fails to meet any of the eligibility criteria or a required certification by a licensed health care practitioner has not been provided, or a plan of care has not been provided



All Other Claimant Requests Denied or Closed Without Payment—this is a claimant request that was denied or closed without payment for any reason other than those specifically listed.



The next questions refer to the length of time that it took for a claim request determination to be made. To review, a claim request determination is a determination as to whether an insured has met a contractual provision of an LTC policy or contract that conditions the payment of benefits on the insured's ability to perform activities of daily living, cognitive impairment, or other loss of functional capacity. For purposes of the MCAS, the term applies to the initial claimant request, and captures the period of time from the notice of claim to the claimant request determination date. For claimant requests that are denied or not paid, you should report the period of time from the date of notice of claim to the date the claimant was **notified** of the determination to deny or not pay the claim. These are broken out into time frames from 0-30 days, from 31-60 days, from 61-90 days and those beyond 90 days.



If a claim is re-opened, report the claim as a new claim and the claim determination time period should be measured from the date the claim was re-opened to the benefit trigger determination date.

	Claims			
	Benefit Payment Requests /	ACTIVITY		
	volione i aymone noquooto i	louvicy		
	"per transaction" basis counts ead	h henefit navment		et
				51
	pending and benefit payment paid	d or not naid/denied		
1	pending and benefit payment par	a of not pala/defiled	•	
L	ong-Term Care Benefit Payment Requests Activity			
			Life	Annuity
		Stand-Alone LTC	LTC Hybrid	Hybrid
47	Number of benefit payment requests pending as of the beginning of the period.			
41	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. 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.			

The next section in MCAS deals with benefit payment requests activity. This is to be done on a "per transaction" basis (that is, you count each benefit payment request pending and benefit payment paid or not paid (or denied.)

# <section-header><section-header>

A benefit payment request is a request for benefits *after* the insurer has determined the insured is entitled to benefits following the initial claimant request. Each request or demand for a benefit payment (after satisfaction of the waiting or elimination period, if any) is treated as a distinct benefit payment request, and continuing payments for the same service should each be treated as a distinct benefit payment. These are broken out into groupings of information requested.

	N			
12.20	Claims			
1000	Demofit Desiment Democrate Activity			
	Benefit Payment Requests Activity			
	bonone i aymone noquooto notivity			
1 1 2				
1100				
10 - 1				
	ong-Term Care Benefit Payment Requests Activity			
			Life	Annuity LT
marks.		Stand-Alone LTC	LTC Hybrid	Hybrid
4	Number of benefit payment requests pending as of the beginning of the period.			
4	Number of benefit payment requests received during the period.			
4	Number of benefit payment requests denied or not paid during the period.			
×	Number of benefit payment requests pending as of the end of the period.			
53	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.			
53	Number of benefit payment requests denied or not paid within 0-30 days.			
5	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.			
51	Number of benefit payment requests denied or not paid beyond 90 days.			
	January 1, 2019			
and the second s				

Benefit payment requests pending as of the beginning of the reporting period – those requests that are pending as of January 1st.

	Claims			
	Benefit Payment Requests Activity			
	Long-Term Care Benefit Payment Requests Activity			
	condition and periodic administrated approximately	Stand-Alone LTC	Life	Annuity L'
	47 Number of benefit payment requests pending as of the beginning of the period.			
	Number of benefit payment requests received during the period.     Number of benefit payment requests denied or not paid during the period.			
	Number of benefit payment requests denied or not paid during the period.     Number of benefit payment requests pending as of the end of the period.			
	51 Number of benefit payment requests paid within 0-30 days.			
and the second	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.			
	Trumber of benefit payment requests denied or not paid within 61-90 days.     Number of benefit payment requests denied or not paid beyond 90 days.			
	January 1, 2019 – Decemb	er 3 1	, 20	19

- Benefit payment requests received during the period – those requests that were received at any point during the reporting period.

- Benefit payment requests that were denied or not paid during the reporting period for any reason.

	<b>Claims</b> Deposit Dournont Doguesto Activity			
	<b>Benefit Payment Requests Activity</b>			
			Life	Annuity LTC
and a		Stand-Alone LTC	LTC Hybrid	Hybrid
0.15	47 Number of benefit payment requests pending as of the beginning of the period.			100000
	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.			
and the second sec	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 32-60 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.			
	December 31, 20	19		_
			-	_

and benefit payment requests that are still pending as of the end of the reporting period – those requests that are still pending on December 31<sup>st</sup>.

	<b>Claims</b> Benefit Payment Requests Activity			
	Long-Term Care Benefit Payment Requests Activity			
		Stand-Alone 170	Life LTC Hybrid	Annuity LTC
1111	47 Number of benefit payment requests pending as of the beginning of the period.	Stand-Wome Circ	LIC Hybrid	Hybrid
	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 0-50 days.			
	Number of benefit payment requests paid within 31-60 days.     Number of benefit payment requests paid within 61-60 days.			
	Number of benefit payment requests paid within 61-90 days.     Number of benefit payment requests paid beyond 90 days.			
	Number of benefit payment requests paid beyond 90 days.     Number of benefit payment requests denied or not paid within 0-30 days.			
	56 Number of benefit payment requests denied or not paid within 32-60 days.			
-	57 Number of benefit payment requests denied or not paid within 62-90 days.			
	58 Number of benefit payment requests denied or not paid beyond 90 days.			
	January 1, 2019 – Decemb	er 31,	, 20	19

Lastly, this section asks for the time frames during which benefit payment requests were paid or denied (or not paid.)

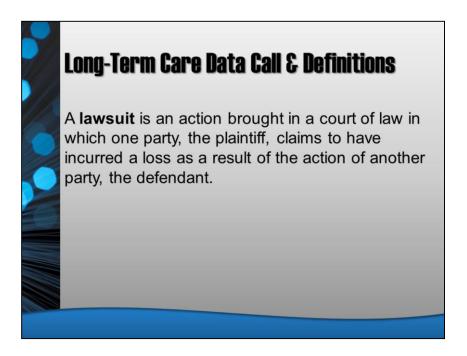
- Benefit payment requests that were **paid** during the period are broken out into time frames from 0-30 days, from 31-60 days, from 61-90 days and those beyond 90 days.



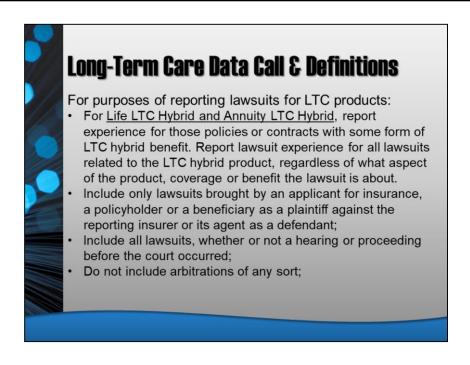
Those benefit payment requests that were denied or not paid are also broken out into time frames from 0-30 days, from 31-60 days, from 61-90 days and those beyond 90 days.

L	AWSUIT ACTIVITY			Previous
		Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
	<ol> <li>Number of lawsuits open as of the beginning of the period.</li> </ol>	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
60	Number of lawsuits opened during the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
	<ol> <li>Number of lawsuits closed during the period otal.</li> </ol>	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
	2 Number of lawsuits closed during the period ith consideration for the consumer.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
63	<ol> <li>Number of lawsuits open as of the end of the eriod.</li> </ol>	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid

The final section of the LTC MCAS relates to Lawsuit Activity. There are some specifics you will need to know regarding the way lawsuits are defined.



A **lawsuit** is an action brought in a court of law in which one party, the plaintiff, claims to have incurred a loss as a result of the action of another party, the defendant.



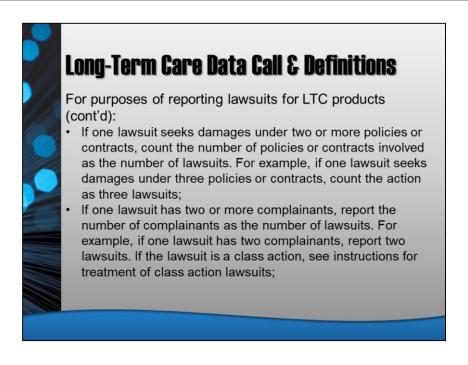
For purposes of reporting lawsuits for LTC products:

- For <u>Life LTC Hybrid and Annuity LTC Hybrid</u>, you report lawsuit experience for all lawsuits related to the LTC-hybrid product, regardless of what aspect of the product, coverage or benefit the lawsuit is about.

- You would only include lawsuits brought by an applicant for insurance, a policyholder or a beneficiary;

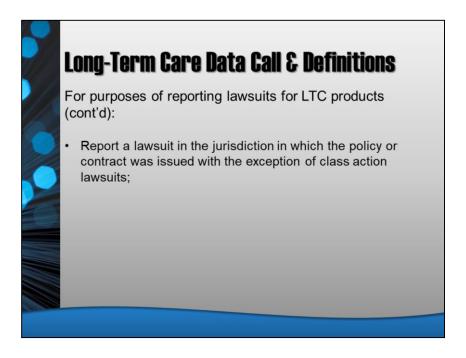
- And you would include all lawsuits, whether or not a hearing or proceeding before the court occurred;

- But you would not include arbitrations;

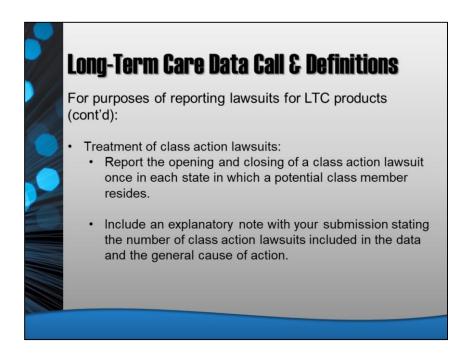


- If one lawsuit seeks damages under two or more policies or contracts, you would count the number of policies or contracts involved as the number of lawsuits. For example, if one lawsuit seeks damages under three policies or contracts, count the action as three lawsuits;

- And, if one lawsuit has two or more complainants, you would report the number of complainants as the number of lawsuits. For example, if one lawsuit has two complainants, report two lawsuits.



Finally, you should report a lawsuit in the jurisdiction in which the policy or contract was issued;



Regarding the treatment of class action lawsuits: Report the opening and closing of a class action lawsuit once in each state in which a potential class member resides. Include an explanatory note with your submission stating the number of class action lawsuits included in the data and the general cause of action.

LAWSUIT ACTIVITY			Previous
	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hyb
59 Number of lawsuits open as of the beginning of the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
60 Number of lawsuits opened during the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
61 Number of lawsuits closed during the period Total.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
62 Number of lawsuits closed during the period with consideration for the consumer.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
63 Number of lawsuits open as of the end of the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid

The information requested regarding lawsuits includes

- The number of lawsuits open at the beginning of the reporting period (January  $1^{\,\mbox{st}}),$ 

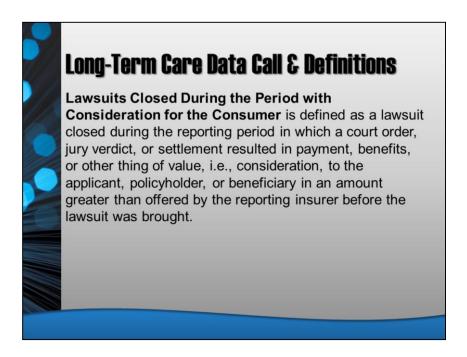
LAWSUIT ACTIVITY			Previous
	Stand Alone LTC	Life LTC Hybrid	Annuity LTC I
59 Number of lawsuits open as of the beginning of the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hyb
60 Number of lawsuits opened during the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hyb
61 Number of lawsuits closed during the period Total.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hyb
62 Number of lawsuits closed during the period with consideration for the consumer.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hyb
63 Number of lawsuits open as of the end of the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hyb

The number of lawsuits opened during the reporting period,

LAWSUIT ACTIVITY			Previous Sur
	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
59 Number of lawsuits open as of the beginning of the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
60 Number of lawsuits opened during the period.	Stand Alone LTC	Life LTC Hybrid	Annulty LTC Hybrid
61 Number of lawsuits closed during the period Total.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
62 Number of lawsuits closed during the period with consideration for the consumer.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
63 Number of lawsuits open as of the end of the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid

- The total number of lawsuits closed during the reporting period (That is, all lawsuits), and

- The number of lawsuits closed during the period with consideration for the consumer



The definition of **Lawsuits Closed During the Period with Consideration for the Consumer** is defined as a lawsuit closed during the reporting period in which a court order, jury verdict, or settlement resulted in payment, benefits, or other thing of value, i.e., consideration, to the applicant, policyholder, or beneficiary in an amount greater than offered by the reporting insurer before the lawsuit was brought.

l	AWSUIT ACTIVITY			Previous Su
ş		Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybri
	9 Number of lawsuits open as of the beginning of he period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
6	0 Number of lawsuits opened during the period.	Stand Alone LTC	Life LTC Hybrid	Annulty LTC Hybrid
	1 Number of lawsuits closed during the period fotal.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
	Number of lawsuits closed during the period with consideration for the consumer.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid
	3 Number of lawsuits open as of the end of the period.	Stand Alone LTC	Life LTC Hybrid	Annuity LTC Hybrid

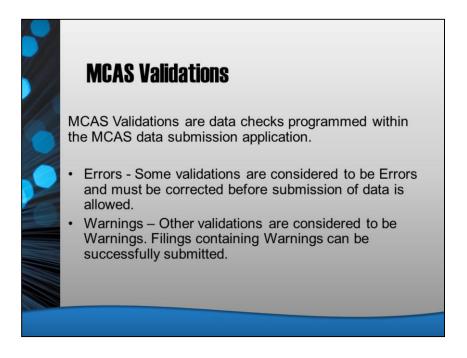
And lastly, the number of lawsuits open at the end of the reporting period (December 31<sup>st</sup>)



This concludes the data elements review portion of the tutorial. Now we'll discuss the MCAS data validations.

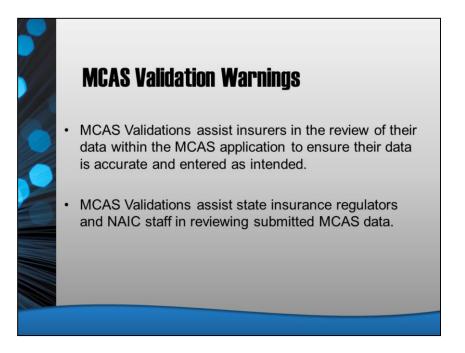


Hi, I'm Leana Massey, Market Regulation Trainer for the NAIC.



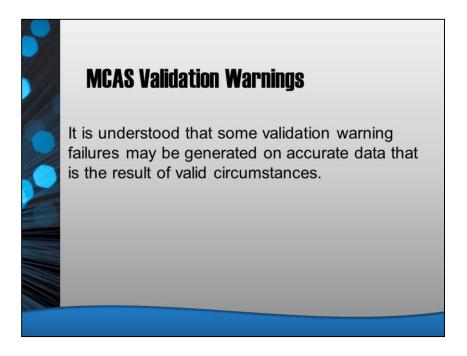
MCAS Validations are data checks programmed within the MCAS data submission application.

- Errors Some validations are considered to be Errors and must be corrected before submission of data is allowed.
- Warnings Other validations are considered to be Warnings. Filings containing Warnings can be successfully submitted.



MCAS Validations have multiple purposes.

- They assist insurers in the review of their data within the MCAS application to ensure their data is accurate and entered as intended. For example: The validations can point out data issues that are a result of data entry errors, or coding errors.
- And they assist state insurance regulators and NAIC staff in reviewing submitted MCAS data.



It is understood that some validation warning failures may be generated on accurate data that is the result of valid circumstances; for example, companies with small amounts of business to report, or runoff business to report may trigger validation warning failures that are not concerning.

Filing Matrix for	Company	- 2018			
					1
Alaska				(a	focal Warnings: 4
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Homeowners	Filed	4	0		
California					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Lender-Placed Insurance	Filed	0	0		
Maryland					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTENSION
Lender-Placed Insurance	Filed	0	0		

The MCAS system filing matrix provides the MCAS user with information regarding their filings. The filing matrix displays the number of warnings found in submitted or started filings. Before a company submits each filing containing warnings, they are prompted to add comments regarding any outstanding warnings in the submission.

Filing Matrix for	Company	- 2018			
Alaska					fotal Warnings: 4
	STATUS	WARNINGS	ERRORS	WAIVER	EXTEN
Homeowners	Filed	4.	0	WAVER	ECILA
California					
	STATUS	WARNINGS	ERRORS	WAIVER	EXTEN
Lender-Placed Insurance	Filed	0	0		
Maryland					
	STATUS	WARNINGS	ERRORS	WAIVER	DOTEN
Lender-Placed Insurance	Filed	0	0		

Once a company has filed the MCAS data, the filing matrix will display a status of "filed" for each state and line of business submitted. At this point in the process, NAIC staff will begin a review of the data checking for data inconsistencies and anomalies.

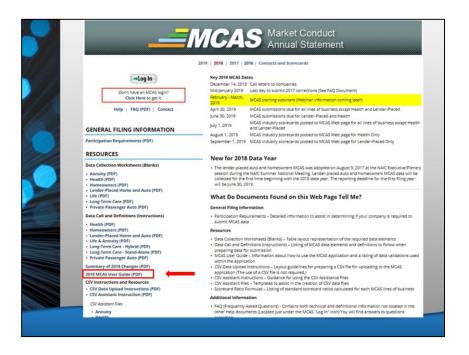
		Yes No	
		Response	Explanation
01	Were there policies in force during the reporting period that provided Collision coverage?		-
02	Were there policies in force during the reporting period that provided Comprehensive coverage?		-
03	Were there policies in force during the reporting period that provided Bodily Injury coverage?		-
04	Were there policies in force during the reporting period that provided Property Damage coverage?		-
05	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMBI) coverage?		-
06	Were there policies in force during the reporting period that provided Uninsured Motorists and Underinsured Motorists (UMPD) coverage?		-
07	Were there policies in force during the reporting period that provided Medical Payments coverage?		-
08	Were there policies in force during the reporting period that provided Combined Single Limits coverage?		-
09	Were there policies in force during the reporting period that provided Personal Injury Protection coverage?		-
10	Was the company actively writing policies in the state at year end?		-
11	Does the company write in the non-standard market?		-
12	If Yes, what percentage of your business is non-standard?	-	
13	If Yes, how is non-standard defined?	-	
14/15	Has the company had a significant event/business strategy that would affect data for this reporting period?		-
16/17	Has all or part of this block of business been sold, closed or moved to another company during the year?	Comn	nents
18	How does the company treat subsequent supplemental or additional payments on previously closed claims?	-	
19	Additional state specific Claims comments (optional):	-	
20	Additional state specific Underwriting comments (optional):	-	

As NAIC analysts review company filings, they view comments found in the interrogatories

	thorized to submit pany to the statem		Conduct Annual State attestation;	ment on behal	f of the named c	ompany ai
2. I am kno	owledgeable of the	information	required to be provi	de <mark>d</mark> in the Mar	ket Conduct Ann	ual Statem
	company and have best of my knowled		is filing; f, this filing represent	ts a full and acc	urate statement	of the info
	and a second		Conduct Annual State		a section of the section of the	
			partment(s) receiving ion if the data submit		· · ·	
	aterially false, misl			ited in the MicA	is is inaccurate, in	ncompiete
		0	urately trace the data	a as reported to	o its source within	n the com
if neces	sary recreate the M	ICAS results	as reported in this fil	ing.		
🔲 I Attest	First name	MI	Last name	Suffix	Title	Cle
I Attest	First name	MI	Last name	Suffix	Title	Cle
NOTE The see			for at least two indivi			
			all accuracy of the MC			
		filing We rec	commend that one pe	erson be the inc		
above have be the review and	d validation of the f					ompliance
above have be the review and responsibility	for the source data	a such as a re	esponsible individual			eation of t
above have be the review and responsibility	for the source data	a such as a re				eation of t
above have be the review and responsibility recommend th the filing.	for the source data hat the second per	a such as a re son should b	esponsible individual			eation of t
above have be the review and responsibility recommend th the filing.	for the source data	a such as a re son should b	esponsible individual			eation of t
above have be the review and responsibility recommend th the filing.	for the source data hat the second per	a such as a re son should b	esponsible individual			eation of t
above have be the review and responsibility recommend th the filing.	for the source data hat the second per	a such as a re son should b	esponsible individual			eation of t

and in the attestation to determine if the warnings have been sufficiently addressed.

If a filing contains "warning messages," and there are no comments entered by the company, it is more likely that the company will be contacted for an explanation by NAIC staff.



The MCAS User Guide, (found on the MCAS webpage) lists the data validation messages that may be encountered while validating data. This includes both "Error" and "Warning" messages. Use the listing to prepare data and to determine comments that will be needed to explain "Warning" messages received during the data validation process.



It is important to note, state regulators have full access to all data and will also review data for accuracy. State regulators will concentrate on submission for their states only, while the NAIC will review the data and look for potential trends in data filed within **multiple** states.

Data Validation Notifications

If there is reported data that appears to be mis-reported or inaccurate based on a review of data for states where data was submitted, NAIC will send an email letter to the Market Conduct Annual Statement Contact. When contact is made with individual companies, state regulators are notified of this correspondence. If they have additional questions or concerns, they may also contact the company. However, keeping state regulators in the line of communication, should lessen the number of inquiries received for any particular data concern.



If company A is part of ABC group, and the same observations are made for other companies within the group, then separate correspondence will be sent to each company. It is important to respond to requests in a timely manner to avoid follow up from the NAIC or state regulators. In the company response to the NAIC, please include comments on what action the company will take.



If you receive correspondence from an NAIC analyst, we encourage you to reach out to the analyst with any questions, comments or concerns you may have regarding the correspondence, the validations, or other MCAS filing related issues.



This concludes the filing validation and review discussion.