

MASSACHUSETTS DIVISON OF INSURANCE
2012 LONG-TERM CARE INSURANCE QUESTIONNAIRE

SURVEY REPORTING FOR JANUARY 1, 2009 THROUGH DECEMBER 31, 2012

Name of Carrier: <Insert Company Name here>
NAIC#: <Insert NAIC# here>
Contact/Title: <Insert Contact/Title>
Address: <Insert Address here>
Telephone: <Insert Telephone Number here>
FAX: <Insert FAX Number here>
E-Mail Address: <Insert E-Mail Address here>
Original File Date: <Insert original filing date here>
Revision Date (If applicable): <Insert revision date(s) to filing here>

Instructions:

IF YOUR COMPANY INSURES MASSACHUSETTS RESIDENTS IN GROUP **AND** INDIVIDUAL LONG TERM CARE INSURANCE POLICIES, PLEASE SUBMIT A SEPARATE SET OF RESPONSES.
FOR INDIVIDUAL RESPONSES, PLEASE REFER TO INDIVIDUAL POLICIES. FOR GROUP RESPONSES, PLEASE REFER TO GROUP CERTIFICATE HOLDERS

The responses to this questionnaire pertain to:	Place a checkmark (√) next to the applicable type of business
1. GROUP business	
2. INDIVIDUAL business	

If your company is selling a “stop loss” product, administrative services only, or reinsurance long-term care to a self-funded plan, please check here. _____
(Please do not include information on this questionnaire about such “stop loss,” administrative services only, or reinsurance for long-term care to a self-funded plan product.)

PLEASE RETURN BY NO LATER THAN FEBRUARY 17, 2014

[By e-mail: niels.puethhoff@state.ma.us](mailto:niels.puethhoff@state.ma.us)

THE STATEMENTS AND ANY ATTACHMENTS AND ENCLOSURES ACCOMPANYING THIS REPORT REPRESENT MY ORGANIZATION’S PARTICIPATION IN THE LONG-TERM CARE INSURANCE MARKET.

Print Name and Title

Signature

Date

HISTORY

<Insert Company Name here>

HISTORY

1) What year did your company begin marketing long-term care insurance products?

Nationally: _____

Massachusetts: _____

1b) If your company did, but no longer markets long-term care insurance products in **Massachusetts**, what year did your company cease marketing these products?

Nationally: _____

Massachusetts: _____

2) What is the total number of long-term care individual insurance policies (or group certificates) that your company had in force **Nationally** as of December 31:

2009	2010	2011	2012

2b) **Nationally**, how many individual policies (or group certificates) were **initially issued** during each of the following calendar years:

2009	2010	2011	2012

2c) **Nationally**, how many individual policies (or group certificates) that were **initially issued** during each of the following calendar years were **still active** at the end of the respective year:

2009	2010	2011	2012

3) What is the total number of long-term care individual insurance policies (or group certificates) that your company had in force for **Massachusetts** residents as of December 31:

2009	2010	2011	2012

3b) In **Massachusetts**, how many individual policies (or group certificates) were **initially issued** during each of the following calendar years:

2009	2010	2011	2012

3c) In **Massachusetts**, how many individual policies (or group certificates) that were initially issued during each of the following calendar years were **still active** at the end of the respective year:

2009	2010	2011	2012

HISTORY

4) What was the **average age** of your company’s long-term care insurance policyholders **Nationally** for:

2009	2010	2011	2012

5) What was the **average age** of your company’s **Massachusetts** long-term care insurance policyholders for:

2009	2010	2011	2012