

MASSACHUSETTS DIVISON OF INSURANCE
2012 LONG-TERM CARE INSURANCE QUESTIONNAIRE

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

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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 APRIL 23, 2014

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

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FOR DIVISION OF INSURANCE USE ONLY:
<Insert Company Name here>
<Insert original filing date here>

HISTORY

<Insert Company Name here>

HISTORY

1) What **percentage** of long-term care insurance policyholders **Nationally** were sold at issue age:

	<40	40-49	50-55	56-60	61-70	71-75	76+
2009							
2010							
2011							
2012							

2) What percentage of long-term care insurance **Massachusetts** policyholders were sold at issue age:

	<40	40-49	50-55	56-60	61-70	71-75	76+
2009							
2010							
2011							
2012							

3) What **gross premium revenue** did your company receive from long-term care insurance policies **Nationally** for the years:

2009	2010	2011	2012

4) What **gross premium revenue** did your company receive from long-term care insurance policies **for Massachusetts** for the years:

2009	2010	2011	2012

HISTORY

5) Please complete the following table regarding actual earned premium, actual incurred claims, actual loss ratio incurred to premium earned percentage, projected loss incurred to premium earned percentage and number of covered lives for year 2009, 2010, 2011, and 2012.

Nationally				
	2009	2010	2011	2012
Actual earned premium				
Actual incurred claims				
Actual loss incurred to premium earned%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Projected loss incurred to premium earned %				
Number of covered lives at year-end				

Massachusettts				
	2009	2010	2011	2012
Actual earned premium				
Actual incurred claims				
Actual loss incurred to premium earned%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Projected loss incurred to premium earned %				
Number of covered lives at year-end				

6) Please complete the following table regarding projected earned premium, projected incurred claims, actual loss ratio incurred to premium earned percentage, projected loss ratio incurred to projected premium earned percentage, and projected number of covered lives for year 2013, 2014, 2015, 2016 and 2017.

Nationally					
	2013	2014	2015	2016	2017
Projected earned premium					
Projected incurred claims					
Actual loss incurred to premium earned %	NA	NA	NA	NA	NA
Projected loss incurred to projected premium earned %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Projected number of covered lives at year-end					

Massachusettts					
	2013	2014	2015	2016	2017
Projected earned premium					
Projected incurred claims					
Actual loss incurred to premium earned %	NA	NA	NA	NA	NA
Projected loss incurred to projected premium earned %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Projected number of covered lives at year-end					

GENERAL INFORMATION

<Insert Company Name here>

GENERAL INFO

1) If your company does not sell long-term care insurance as a stand-alone product, is it sold as a component of one of the following: (Please place a checkmark (✓) next to all applicable services)

accident and sickness		term life	
dreaded disease		whole life	
hospital indemnity			
long-term disability		Other (List)	

2) In how many states does your company market long-term care insurance? [Insert #]

<Insert # >

3) Does your company market nursing home only in **Massachusetts**? [checkmark (✓)]

YES	NO

If yes, does this policy offer a rider for home health care benefits?

YES	NO

4) Does your company issue a policy in **Massachusetts** with a pre-existing condition limitation? [checkmark (✓)]

YES	NO

If yes, please identify the maximum limitation period from the date of issue of the policy.

<insert max.>

5) Does your company issue a policy in **Massachusetts** that covers pre-existing conditions without a limitation period if conditions are disclosed at the time of sale? [checkmark (✓)]

YES	NO

6) What **percentage** of **Massachusetts** long-term care policyholders bought a policy without a home health care benefit?

2009	2010	2011	2012

GENERAL INFORMATION

<Insert Company Name here>

GENERAL INFO

7) **Nationally**, does your company offer a long-term care policy that covers the following:
(Please place a checkmark (√) next to all applicable services)

Adult Day Care	Home Care	
Alt Care	Home Health	
Assisted Living	Hospice	
Bed Reservation	Nursing Home	
Care Giver Training	Personal Care	
Chore Care	Respite Care	
Emergency Medical Response		
	Other (List)	

8) **In Massachusetts**, does your company offer a long-term care policy that covers the following:
(Please place a checkmark (√) next to all applicable services)

Adult Day Care	Home Care	
Alt Care	Home Health	
Assisted Living	Hospice	
Bed Reservation	Nursing Home	
Care Giver Training	Personal Care	
Chore Care	Respite Care	
Emergency Medical Response		
	Other (List)	

MARKETING AND AGENT TRAINING

<Insert Company Name here>

MARKETING

1) Does your company provide guidelines to agents regarding individual and group long-term care insurance products for potential customers?

YES	NO

If yes, please describe these guidelines and the steps your company takes to encourage agents to comply with them.

2) Please indicate the methods by which your company markets long-term care insurance **Nationally** and the percentage of premium written through each of the following:

	checkmark (√)	Percent (%)
associations		
brokers		
captive agents		
direct marketing		
independent agents		
other (List)		

3) Please indicate the methods by which your company markets long-term care insurance in **Massachusetts** and the percentage of premium written through each of the following:

	checkmark (√)	Percent (%)
associations		
brokers		
captive agents		
direct marketing		
independent agents		
other (List)		

MARKETING AND AGENT TRAINING

<Insert Company Name here>

MARKETING

4)

Does your company provide guidelines to agents regarding the suitability of long-term care insurance for potential customers?
If yes, please describe these guidelines and the steps your company takes to encourage agents to comply with them.

YES

NO

5)

Does your company use a worksheet or other marketing material(s) to examine a potential applicant’s financial situation or use any other marketing material(s) that purports to provide guidance as to whether the applicant is suitable for long-term care insurance and subsequently notify the applicant that your company finds the applicant to be suitable for long-term care insurance?

If yes, please forward a copy of the worksheet that your company utilizes.

YES

NO

6)

If your company uses a worksheet to examine a potential applicant’s financial situation, please indicate whether your company provides the insured with any notice concerning the applicant’s suitability for your product(s). For purposes of this report, please forward a copy of that notice
If yes, please forward a copy of the worksheet that your company utilizes.

YES

NO

7)

Does your company provide the applicant with any notice concerning the applicant’s suitability for your product(s).
If yes, please forward a copy of that notice.

YES

NO

8)

What information, if any, does your company require about an applicant’s assets? Please indicate any minimum income and asset requirements imposed on prospective purchasers of long-term care insurance.

Minimum income required:

Minimum net worth required:

List any other requirements:

MARKETING AND AGENT TRAINING

<Insert Company Name here>

MARKETING

9) Please indicate **by year** the **average assets and average income** of applicants that purchase your long-term care insurance product.

	2009	2010	2011	2012
Average Assets				
Average Income				

10) Please identify when (*i.e.*, time of policy proposal, upon delivery of policy, time of proposal and upon delivery etc.) the following materials are provided to an applicant/policyholder in **Massachusetts**:

- Your Options for Financing Long-term Care: A Massachusetts Guide
- Policy Illustration Form
- Outline of Coverage
- Disclosure Regarding Suitability Standards
- Guide to Health Insurance for People with Medicare
- Copy of Application
- Inflation Adjustment Benefit Information
- Nonforfeiture Benefit Information
- Home Health Care Benefit Information
- Policy and Riders

11) What is the **average commission** paid to an agent or broker for a new long-term care policy in **Massachusetts** expressed as a **percentage** of gross premium (*e.g.*, **10% of gross premium**)?

--

COMPREHENSIVE COVERAGE
 NURSING HOME ONLY, HOME HEALTH ONLY

<Insert Company Name here>

COMPREHENSIVE COVERAGE

Comprehensive Coverage (Nursing Home and Home Health Policy)

- How many **National** long-term care policyholders **purchased comprehensive policies** (Nursing Home and Home Health combined) in 2009, 2010, 2011, and 2012? What **percentage** of your long-term care policyholders **Nationally** purchased comprehensive coverage in 2009, 2010, 2011, and 2012? What was the **average daily amount** of nursing home coverage and home health coverage purchased **Nationally in** 2009, 2010, 2011, and 2012? In addition, please **identify any additional services** that would be included/or offered with the plans (i.e., respite care, adult day care, chore care, etc.)

Total number of Comprehensive policies **issued**
Percentage (%) of Comprehensive policies issued
 Average *Nursing Home* Daily **Dollar Amount** Purchased
 Average Home Health Daily **Dollar Amount** Purchased

2009	2010	2011	2012

List of Additional Services (Please place a checkmark (√) next to all applicable services):

Adult Day Care _____
 Assisted Living _____
 Chore Cae _____
 Home Care _____
 Personal Care _____
 Respite Care _____
 Other (Please List):

- How many Massachusetts long-term care policyholders **purchased comprehensive policies** (Nursing Home and Home Health combined) in **2009, 2010, 2011, and 2012**? What **percentage** of your **Massachusetts** long-term care policyholders purchased comprehensive coverage in 2009, 2010, 2011, and 2012? What was the **average daily amount** of nursing home coverage and home health coverage purchased **in Massachusetts** in 2009, 2010, 2011, and 2012? In addition, please **identify any additional services** that would be included/or offered with the plans (i.e., respite care, adult day care, chore care, etc.)

Total number of Comprehensive policies **issued**
Percentage (%) of Comprehensive policies issued
 Average *Nursing Home* Daily **Dollar Amount** Purchased
 Average Home Health Daily **Dollar Amount** Purchased

2009	2010	2011	2012

COMPREHENSIVE COVERAGE
 NURSING HOME ONLY, HOME HEALTH ONLY

<Insert Company Name here>

COMPREHENSIVE COVERAGE

List of Additional Services (Please place a checkmark (√) next to all applicable services):

Adult Day Care

Assisted Living

Chore Cae

Home Care

Personal Care

Respite Care

Other (Please Liat):

Nursing Home Coverage

- 1)
 How many **National** long-term care policyholders purchased **Nursing Home only** policies in 2009, 2010, 2011, and 2012? What **percentage** of your long-term care policyholders **Nationally** purchased nursing home only coverage in 2009, 2010, 2011, and 2012? What was the **average daily amount** of nursing home coverage purchased **Nationally** in 2009, 2010, 2011, and 2012 by those who purchased this coverage?

Total number of nursing home only policies **issued**
Percentage (%) of Nursing Home only policies issued
 Average Nursing Home Daily **Dollar Amount** Purchased

2009	2010	2011	2012

- 2)
 How many **Massachusetts** long-term care policyholders purchased **Nursing Home only** policies in 2009, 2010, 2011, and 2012? What **percentage** of your **Massachusetts** long-term care policyholders purchased nursing home only coverage in 2009, 2010, 2011, and 2012? What was the **average daily amount** of coverage purchased in 2009, 2010, 2011, and 2012 by **Massachusetts** policyholders who purchased this coverage?

Total number of nursing home only policies **issued**
Percentage (%) of Nursing Home only policies issued
 Average Nursing Home Daily **Dollar Amount** Purchased

2009	2010	2011	2012

COMPREHENSIVE COVERAGE
 NURSING HOME ONLY, HOME HEALTH ONLY

<Insert Company Name here>

COMPREHENSIVE COVERAGE

Home Health Coverage

- How many **National** long-term care policyholders purchased **Home Health only** policies in 2009, 2010, 2011, and 2012? What **percentage** of your long-term care policyholders **Nationally** purchased home health only coverage in **2009, 2010, 2011, and 2012**? What was the **average daily amount** of home health coverage purchased **Nationally** in **2009, 2010, 2011, and 2012** by those who purchased this coverage?

Total number of Home Health only policies **issued**
Percentage (%) of Home Health only policies issued
 Average Home Health Daily **Dollar Amount** Purchased

2009	2010	2011	2012

- How many **Massachusetts** long-term care policyholders purchased **Home Health only** policies in 2009, 2010, 2011, and 2012? What **percentage** of your long-term care policyholders in **Massachusetts** purchased home health only coverage in 2009, 2010, 2011, and 2012? What was the **average daily amount** of home health coverage purchased in **Massachusetts** 2005, 2006, 2007, and 2008 by those who purchased this coverage?

Total number of Home Health only policies **issued**
Percentage (%) of Home Health only policies issued
 Average Home Health Daily **Dollar Amount** Purchased

2009	2010	2011	2012

PLAN MAXIMUM BENEFIT DISTRIBUTION

<Insert Company Name here>

BENEFIT PERIODS

1) What **percentage** of long-term care insurance policyholders **Nationally** were sold the following Lifetime Maximum Benefit Periods (if benefit is a flat maximum, please estimate its “per day” equivalent)?

Year	365 days (1 year)	730 days (2 years)	1095 days (3 years)	1460 days (4 years)	1825 days (5 years)	2190 days (6 years)	Unlimited days
2009							
2010							
2011							
2012							

2) What **percentage** of long-term care insurance **Massachusetts** policyholders were sold the following Lifetime Maximum Benefit Periods (if benefit is a flat maximum, please estimate its “per day” equivalent)?

Year	365 days (1 year)	730 days (2 years)	1095 days (3 years)	1460 days (4 years)	1825 days (5 years)	2190 days (6 years)	Unlimited days
2009							
2010							
2011							
2012							

3) What **percentage** of long-term care insurance policyholders **Nationally** were sold the following Daily Maximum Benefit Amounts (if benefit is a flat maximum, please estimate its “per day” equivalent)?

Year	<\$50	\$51-\$100	\$101-\$125	\$126-\$150	\$151-\$200	>\$200
2009						
2010						
2011						
2012						

4) What **percentage** of long-term care insurance **Massachusetts** policyholders were sold the following Daily Maximum Benefit Amounts (if benefit is a flat maximum, please estimate its “per day” equivalent)?

Year	<\$50	\$50-\$100	\$101-\$125	\$126-\$150	\$151-\$200	>\$200
2009						
2010						
2011						
2012						

PLAN MAXIMUM BENEFIT DISTRIBUTION

<Insert Company Name here>

BENEFIT PERIODS

- 5) Please indicate by year the number of **total policies** sold to **National** policyholders, the **number of copayment design polices** sold to **National** policyholders, the **percentage** of long-term care insurance policies sold with co-insurance benefit designs to **National** policyholders and **specify the range** of co-insurance designs offered.

Year	Number of total polices sold by year	Number of polices sold w/co-pay design	Percent (%) of policies sold w/ co-payment designs	list co-payment designs
2009				
2010				
2011				
2012				

- 6) Please indicate by year the number of **total policies** sold to **Massachusetts** policyholders, the **number of copayment design polices** sold to **Massachusetts** policyholders, the **percentage** of long-term care insurance policies sold with co-insurance benefit designs to **Massachusetts** policyholders and **specify the range** of co-insurance designs offered.

Year	Number of total polices sold by year	Number of polices sold w/co-pay design	Percent (%) of policies sold w/ co-payment designs	list co-payment designs
2009				
2010				
2011				
2012				

ELIMINATION PERIOD

<Insert Company Name here>

ELIMINATION PERIOD

- 1) Has your company issued a policy **Nationally** that requires the policyholder to only satisfy one elimination period during the policy’s lifetime?
If yes, is your company still issuing such a plan?

YES	NO
<div></div>	<div></div>
YES	NO
<div></div>	<div></div>

- 2) Has your company issued a policy **in Massachusetts** that requires the policyholder to only satisfy one elimination period during the policy’s lifetime?
If yes, is your company still issuing such a plan?

YES	NO
<div></div>	<div></div>
YES	NO
<div></div>	<div></div>

If currently offered in **Massachusetts**, please identify the form number issued to Massachusetts policyholders.

<insert form identifier>

ELIMINATION PERIOD

<Insert Company Name here>

- 3) What **percentage** of policyholders **Nationally** purchased coverage (based on issue age) with the following elimination periods? (If an elimination period is available **but not purchased**, please indicate with “NP.”)

For example, if a carrier sold only four policies [two policyholders were 35 years old and two policyholders were 50 years old] one 35 year old and one 50 year old chose "0 days" while the other 35 year old and 50 year old chose chose "90 days" - the carrier would enter 50% in cell "D17" and cell "F17" and 50% in cell "D21" and cell F21."

(Each column should either reflect 0% or 100%)

2009
0 days
1-30 days
31-45 days
46-60 days
61-90 days
91-120 days
121-240 days
241-365 days

<40	40-49	50-55	56-60	61-70	71-75	76+

2010
0 days
1-30 days
31-45 days
46-60 days
61-90 days
91-120 days
121-240 days
241-365 days

<40	40-49	50-55	56-60	61-70	71-75	76+

(Each column should either reflect 0% or 100%)

2011
0 days
1-30 days
31-45 days
46-60 days
61-90 days
91-120 days
121-240 days
241-365 days

<40	40-49	50-55	56-60	61-70	71-75	76+

(Each column should either reflect 0% or 100%)

2012
0 days
1-30 days
31-45 days
46-60 days
61-90 days
91-120 days
121-240 days
241-365 days

<40	40-49	50-55	56-60	61-70	71-75	76+

(Each column should either reflect 0% or 100%)

ELIMINATION PERIOD

ELIMINATION PERIOD

<Insert Company Name here>

- 4) What **percentage** of policyholders in **Massachusetts** purchased coverage (based on issue age) with the following elimination periods? (If an elimination period is available **but not purchased**, please indicate with “NP.”).

ELIMINATION PERIOD

[illegible]

ELIMINATION PERIOD

<Insert Company Name here>

ELIMINATION PERIOD

5) **Nationally**, has your company issued policyholders coverage that include **deductibles rather than elimination periods?** (Please identify the deductible options available)

	2009	2010	2011	2012
	[check (√) if available]	[check (√) if available]	[check (√) if available]	[check (√) if available]
Deductible options available (Please List):				

6) In **Massachusetts**, has your company issued policyholders coverage that include **deductibles rather than elimination periods?**

	2009	2010	2011	2012
	[check (√) if available]	[check (√) if available]	[check (√) if available]	[check (√) if available]
Deductible options available (Please List):				

INFLATION ADJUSTMENT BENEFIT

<Insert Company Name here>

INFLATION

- 1) What percentage of policyholders purchased inflation protection, by type of protection, **Nationally**? (If an inflation coverage type is made available but not purchased, please indicate with "0.") Please provide the responses to this question as a **percentage of policies** initially issued during 2009, 2010, 2011, and 2012.

No inflation protection
3% simple interest rate
5% simple interest rate
10% simple interest rate
Consumer price indices
3% compound interest rate
5% compound interest rate
10% compound interest rate
Other (please specify)

[illegible]

- 2) What is the **average cost** (dollar amount) of each of the inflation protection provisions purchased by policyholders **Nationally** in 2009, 2010, 2011, and 2012?

3% simple interest rate
5% simple interest rate
10% simple interest rate
Consumer price indices
3% compound interest rate
5% compound interest rate
10% compound interest rate
Other (please specify)

[illegible]

INFLATION ADJUSTMENT BENEFIT

<Insert Company Name here>

INFLATION

- 3) What percentage of policyholders purchased inflation protection, by type of protection, in **Massachusetts**? (If an inflation coverage type is made available but not purchased, please indicate with "0.") Please provide the responses to this question as a **percentage of policies** initially issued during 2009, 2010, 2011, and 2012.

No inflation protection
3% simple interest rate
5% simple interest rate
10% simple interest rate
Consumer price indices
3% compound interest rate
5% compound interest rate
10% compound interest rate
Guar Future Purch Option
Other (please specify)

[illegible]

- 4) What is the **average cost** (dollar amount) of each of the inflation protection provisions purchased by **Massachusetts** policyholders in 2009, 2010, 2011, and 2012?

3% simple interest rate
5% simple interest rate
10% simple interest rate
Consumer price indices
3% compound interest rate
5% compound interest rate
10% compound interest rate
Guar Future Purch Option
Other (please specify)

	2009	2010	2011	2012

NONFORFEITURE BENEFITS

<Insert Company Name here>

NONFORFEITURE BENEFITS

1) Does your company offer nonforfeiture benefits in its long-term care insurance policies **Nationally**?

YES	NO

If yes, please complete the tables below by year and describe those that are offered (i.e., reduced paid-up, return of premium etc.) as well as noting what percentage of your policyholders purchased nonforfeiture benefits **Nationally** in 2009, 2010, 2011, and 2012. In addition, please identify the **average cost (dollar amount)** of each of the nonforfeiture benefits purchased by policyholders **Nationally**.

2009

Nonforfeiture (LIST)	type	% purchased nonforfeiture	AVG. Cost (\$) nonforfeiture

2010

Nonforfeiture (LIST)	type	% purchased nonforfeiture	AVG. Cost (\$) nonforfeiture

2011

Nonforfeiture (LIST)	type	% purchased nonforfeiture	AVG. Cost (\$) nonforfeiture

2012

Nonforfeiture (LIST)	type	% purchased nonforfeiture	AVG. Cost (\$) nonforfeiture

NONFORFEITURE BENEFITS

<Insert Company Name here>

NONFORFEITURE BENEFITS

2) What **percentage** of your **group** policies sold **Nationally** in 2009, 2010, 2011, and 2012 require nonforfeiture benefits?

2009	2010	2011	2012

3) In **Massachusetts**, does your company offer all the above-noted nonforfeiture benefits in its long-term care insurance policies? If not, please identify which are **not offered in Massachusetts**.

YES	NO

Nonforfeiture type (LIST)	NOT offered in MA 2009	NOT offered in MA 2010	NOT offered in MA 2011	NOT offered in MA 2012

FEDERALLY TAX-QUALIFIED PLANS
STATE MASSHEALTH (MEDICAID) QUALIFIED PLANS

<Insert Company Name here>

FED VS. STATE

Federally Tax-Qualified Plans

1) Please complete the following tables to indicate how many **federally tax-qualified policies** (or certificates) were issued **Nationally anytime during** calendar years 2009, 2010, 2011, and 2012.

YEAR OF ISSUE	Total number of federally tax-qualified policies issued in 2009	Of total sold in 2009 identify the total number of federally tax- qualified policies still in force at end of 2009	Of total sold in 2009 identify the total number of federally tax- qualified policies still in force at end of 2010	Of total sold in 2009 identify the total number of federally tax- qualified policies still in force at end of 2011	Of total sold in 2009 identify the total number of federally tax- qualified policies still in force at end of 2012
2009					

YEAR OF ISSUE	Total number of federally tax-qualified policies issued in 2010	Of total sold in 2010 identify the total number of federally tax- qualified policies still in force at end of 2010	Of total sold in 2010 identify the total number of federally tax- qualified policies still in force at end of 2011	Of total sold in 2010 identify the total number of federally tax- qualified policies still in force at end of 2012
2010				

YEAR OF ISSUE	Total number of federally tax-qualified policies issued in 2011	Of total sold in 2011 identify the total number of federally tax- qualified policies still in force at end of 2011	Of total sold in 2011 identify the total number of federally tax- qualified policies still in force at end of 2012
2011			

YEAR OF ISSUE	Total number of federally tax-qualified policies issued in 2012	Of total sold in 200 identify the total number of federally tax-qualified policies still in force at end of 2012
2012		

2) Please complete the following tables to indicate how many **federally tax-qualified policies** (or certificates) were issued **in Massachusetts anytime** during calendar years 2009, 2010, 2011, and 2012.

YEAR OF ISSUE	Total number of federally tax-qualified policies issued in 2009	Of total sold in 2009 identify the total number of federally tax- qualified policies still in force at end of 2009	Of total sold in 2009 identify the total number of federally tax- qualified policies still in force at end of 2010	Of total sold in 2009 identify the total number of federally tax- qualified policies still in force at end of 2011	Of total sold in 2009 identify the total number of federally tax- qualified policies still in force at end of 2012
2009					

YEAR OF ISSUE	Total number of federally tax-qualified policies issued in 2010	Of total sold in 2010 identify the total number of federally tax- qualified policies still in force at end of 2010	Of total sold in 2010 identify the total number of federally tax- qualified policies still in force at end of 2011	Of total sold in 2010 identify the total number of federally tax- qualified policies still in force at end of 2012
2010				

YEAR OF ISSUE	Total number of federally tax-qualified policies issued in 2011	Of total sold in 2011 identify the total number of federally tax- qualified policies still in force at end of 2011	Of total sold in 2011 identify the total number of federally tax- qualified policies still in force at end of 2012
2011			

YEAR OF ISSUE	Total number of federally tax-qualified policies issued in 2012	Of total sold in 2012 identify the total number of federally tax- qualified policies still in force at end of 2012
2012		

FEDERALLY TAX-QUALIFIED PLANS
STATE MASSHEALTH (MEDICAID) QUALIFIED PLANS

<Insert Company Name here>

FED VS. STATE

State MassHealth (Medicaid) Qualified Plans

- 1) Please complete the following table to indicate how many policies or certificates were issued in Massachusetts during calendar years 2009, 2010, 2011, and 2012 that indicated on the policy that they were intended to qualify for certain **MassHealth exemptions** (as displayed on cover page of policy forms):

YEAR OF ISSUE	Total number of MassHealth exemption policies issued	Of total sold in 2009 identify the total number of MassHealth exempt policies still in force at end of 2009	Of total sold in 2009 identify the total number of MassHealth exempt policies still in force at end of 2010	Of total sold in 2009 identify the total number of MassHealth exempt policies still in force at end of 2011	Of total sold in 2009 identify the total number of MassHealth exempt policies still in force at end of 2012
2009					

YEAR OF ISSUE	Total number of MassHealth exemption policies issued in 2010	Of total sold in 2010 identify the total number of MassHealth exempt policies still in force at end of 2010	Of total sold in 2010 identify the total number of MassHealth exempt policies still in force at end of 2011	Of total sold in 2010 identify the total number of MassHealth exempt policies still in force at end of 2012
2010				

YEAR OF ISSUE	Total number of MassHealth exemption policies issued in 2011	Of total sold in 2011 identify the total number of MassHealth exempt policies still in force at end of 2011	Of total sold in 2011 identify the total number of MassHealth exempt policies still in force at end of 2012
2011			

YEAR OF ISSUE	Total number of MassHealth exemption policies issued in 2012	Of total sold in 2012 identify the total number of MassHealth exempt policies still in force at end of 2012
2012		

PRICING - INCLUDING SINGLE PREMIUM

<Insert Company Name here>

PRICING

1) What **percentage** of your long-term care policies **Nationally** had any of the following restrictions on rate changes?

Restrictions on Ratings	2009	2010	2011	2012
Permenant level premium				
Temporary level premium				
Attained age				
Restrictions on magnitude of allowable increases (such as flex bands)				
Other (Please List):				

2) What **percentage** of your long-term care policies in **Massachusetts** had any of the following restrictions on rate changes?

Restrictions on Ratings	2009	2010	2011	2012
Permenant level premium				
Temporary level premium				
Attained age				
Restrictions on magnitude of allowable increases (such as flex bands)				
Other (Please List):				

PRICING - INCLUDING SINGLE PREMIUM

<Insert Company Name here>

PRICING

- 3) What was the **average annual premium** paid, **Nationally**, in 2009, 2010, 2011, and 2012 for policies issued in 2009, 2010, 2011, and 2012? Please complete the following table:

POLICY YEAR	Of polices sold in 2009 identify the average annual premium in 2009	Of polices sold in 2009 identify the average annual premium in 2010	Of polices sold in 2009 identify the average annual premium in 2011	Of polices sold in 2009 identify the average annual premium in 2012
2009				

POLICY YEAR	Of polices sold in 2010 identify the average annual premium in 2010	Of polices sold in 2010 identify the average annual premium in 2011	Of polices sold in 2010 identify the average annual premium in 2012
2010			

POLICY YEAR	Of polices sold in 2011 identify the average annual premium in 2011	Of polices sold in 2011 identify the average annual premium in 2012
2011		

POLICY YEAR	Of polices sold in 2012 identify the average annual premium in 2012
2012	

PRICING - INCLUDING SINGLE PREMIUM

<Insert Company Name here>

PRICING

4) What was the **average annual premium** paid, in **Massachusetts**, in 2009, 2010, 2011, and 2012 for policies issued in 2009, 2010, 2011, and 2012? Please complete the following table:

POLICY YEAR	Of policies sold in 2009 identify the average annual premium in 2009	Of policies sold in 2009 identify the average annual premium in 2010	Of policies sold in 2009 identify the average annual premium in 2011	Of policies sold in 2009 identify the average annual premium in 2012
2009				

POLICY YEAR	Of policies sold in 2010 identify the average annual premium in 2010	Of policies sold in 2010 identify the average annual premium in 2011	Of policies sold in 2010 identify the average annual premium in 2012
2010			

POLICY YEAR	Of policies sold in 2011 identify the average annual premium in 2007	Of policies sold in 2007 identify the average annual premium in 2012
2011		

POLICY YEAR	Of policies sold in 2012 identify the average annual premium in 2012
2012	

5) What **percentage** of your **National** non-group long-term care insurance policies sold by year are single premium or noncancellable?

Year Sold	Percentage
2009	
2010	
2011	
2012	

6) What **percentage** of your **National** single premium or noncancellable non-group long-term care insurance policies had claims within the following months of purchase?

< 12 months
12 - 24 months
none before death of policyholder

2009	2010	2011	2012
			N/A

PRICING - INCLUDING SINGLE PREMIUM

<Insert Company Name here>

PRICING

7) What **percentage** of your **National** single premium or noncancellable long-term care insurance products have the following components **by year sold**?

	2009	2010	2011	2012
assisted living				
home health				
inflation protection				
nonforfeiture				
nursing home				

8) What **percentage** of your **Massachusetts** non-group long-term care insurance policies are single premium or noncancellable?

Year Sold	Percentage
2009	
2010	
2011	
2012	

9) What **percentage** of your **Massachusetts** single premium or noncancellable non-group long-term care insurance policies had claims within the following months of purchase?

	2009	2010	2011	2012
< 12 months				
12 - 24 months				N/A
none before death of policyholder				

10) What **percentage** of your **Massachusetts** single premium or noncancellable long-term care insurance products have the following components **by year sold**?

	2009	2010	2011	2012
assisted living				
home health				
inflation protection				
nonforfeiture				
nursing home				

LAPSE RATE AND POLICY REPLACEMENT

<Insert Company Name here>

LAPSE REPLACE

- 1) Please complete the following table to indicate how many policies (or certificates) initially issued **Nationally** during calendar year 2009 were still in force at the end of 2009, 2010, 2011, and 2012 respectively. Please complete the same information for policies (or certificates) that were initially issued **Nationally** during 2010, 2011, and 2012 that were still in force at the end of 2010, 2011, and 2012 respectively:

Policies in force at end of	Year of Purchase 2009	Year of Purchase 2010	Year of Purchase 2011	Year of Purchase 2012
2009		n.a.	n.a.	n.a.
2010			n.a.	n.a.
2011				n.a.
2012				

- 2) Please complete the following table to indicate how many policies (or certificates) that were initially issued in **Massachusetts** anytime during calendar year 2009 were still in force at the end of 2009, 2010, 2011, and 2012? Please complete the same information for policies (or certificates) that were initially issued in **Massachusetts** during 2010, 2011, and 2012 that were still in force at the end of 2010, 2011, and 2012 respectively:

Policies in force at end of	Year of Purchase 2009	Year of Purchase 2010	Year of Purchase 2011	Year of Purchase 2012
2009		n.a.	n.a.	n.a.
2010			n.a.	n.a.
2011				n.a.
2012				

- 3) What was the average yearly mortality rate during the first two years of coverage for persons purchasing long-term care insurance **Nationally** in 2009?
- 4) What was the average yearly mortality rate during the first two years of coverage for **Massachusetts** persons who purchased your company’s long-term care insurance products anytime in 2009?
- 5) What is the average yearly rate that policy benefits were triggered during the first two years of coverage for persons who purchased your company’s long-term care insurance products anytime **Nationally** 2009?
- 6) What is the average yearly rate that policy benefits were triggered during the first two years of coverage for persons purchasing long-term care insurance in 2009 in **Massachusetts**?

LAPSE RATE AND POLICY REPLACEMENT

<Insert Company Name here>

LAPSE REPLACE

7) Did your company offer policyholders, in any of its long-term care insurance policies offered **Nationally** in 2009, 2010, 2011, or 2012, the right to designate a person other than the policyholder to receive notice of lapse or termination?

Policy Year	YES	NO
2009		
2010		
2011		
2012		

8) For purposes of this report, please complete the following table to indicate how many policies (or certificates) were issued in **Massachusetts** during calendar year **2009, 2010, 2011, and 2012** as well as the number of policyholders that elected the right to designate a person other than the policyholder to receive notice of lapse or termination :

Policy Year	Policies issued	# elected designee
2009		
2010		
2011		
2012		

9) In **Massachusetts**, when a customer allows an existing policy from a different company to lapse and replaces the lapsed policy with a comparable new policy from your company, your company rates the new policy based upon the policyholder’s [check (√) only one]:

Current age

Age at first purchase

Other (please list):

10) In **Massachusetts**, when a customer allows an existing policy from your company to lapse and replaces the lapsed policy with a comparable new policy from your company, your company rates the new policy based upon the policyholder’s [check (√) only one]:

Current age

Age at first purchase

Other (please list):

LAPSE RATE AND POLICY REPLACEMENT

<Insert Company Name here>

LAPSE REPLACE

- 11) In **Massachusetts**, when a customer is issued a policy **from a different company** and purchases an upgraded policy from your company, your company rates the new policy based upon the policyholder's [check (✓) only one]:

Current age	<table><tr><td></td></tr><tr><td></td></tr></table>				
Age at first purchase	<table><tr><td></td></tr><tr><td></td></tr></table>				
Other (please list):	<table><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>				

- 12) In **Massachusetts**, when a customer is issued a policy **from your company** and purchases an upgraded policy from your company, your company rates the new policy based upon the policyholder's [check (✓) only one]:

Current age	<table><tr><td></td></tr><tr><td></td></tr></table>				
Age at first purchase	<table><tr><td></td></tr><tr><td></td></tr></table>				
Other (please list):	<table><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>				

- 13) What controls or systems does your company have in place regarding replacement of long-term care policies with non-forfeiture provisions?

- 14) When did your company implement controls described in your response to question #13 of this section?

- 15) Have the controls, described in your response to question #13 of this section, detected and/or prevented any inappropriate sales? Please describe.

ACCELERATED DEATH BENEFITS - LIFE AND DISABILITY INSURANCE

<Insert Company Name here>

ACCELERATED DEATH BENEFITS

- 1) Does your company currently sell accelerated death benefit riders? If yes, please describe the eligibility requirements. [checkmark (√)]

	YES	NO
In Massachusetts		
Nationally		

If **yes**, please describe the eligibility requirements.

Nationally -

Massachusetts -

- 2) What is the total number of accelerated death benefit riders (or policy amendments) that your company had in force **Nationally** on December 31:

2009	2010	2011	2012

- 3) What is the total number of accelerated death benefit riders (or policy amendments) that your company had in force in **Massachusetts** on December 31:

2009	2010	2011	2012

- 4) Please identify the gross premium revenue your company receive from accelerated death benefits **Nationally** in 2009, 2010, 2011, and 2012.

2009	2010	2011	2012

- 5) Please identify the gross premium revenue your company receive from accelerated death benefits in **Massachusetts** in 2009, 2010, 2011, and 2012.

2009	2010	2011	2012

- 6) What was the **average age** of accelerated death benefit policyholders **Nationally** by year?

2009	2010	2011	2012

- 7) What was the **average age** of accelerated death benefit policyholders in **Massachusetts** by year?

2009	2010	2011	2012

QUESTIONS PERTAINING TO EMPLOYMENT-BASED GROUP POLICIES ONLY

<Insert Company Name here>

EMPLOYMENT BASED COVERAGE

According to 211 CMR 65.04, the term “**employment-based group policy**” is defined as a certificate issued to an insured who is enrolled in a group policy issued to one or more employers or labor organizations, or to trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or a combination thereof, of the labor organization.”

- 1) What **percentage** of group policies issued in **Massachusetts** in 2012 were sold through entities other than employers or labor unions?

If applicable, please list those other entities:
- 2) What **percentage** of group policies issued in **Massachusetts** in 2012 were issued through entities (*e.g.* ., agents and brokers) that receive a commission or other remuneration for selling insurance?
- 3) What **percentage** of group policies issued in **Massachusetts** in 2012 were guaranteed renewable?
- 4) What **percentage** of group policies issued in **Massachusetts** in 2012 have elimination periods that do not exceed 100 days?
- 5) What **percentage** of group policies issued in **Massachusetts** in 2012 contain a reinstatement provision?
- 6) What are the terms of the reinstatement provision?
- 7) What **percentage** of group policies issued in **Massachusetts** in 2012 allow for alternate care benefits?
- 8) What **percentage** of group policies issued in **Massachusetts** in 2012 allow for post-claims underwriting?
- 9) What **percentage** of group policies issued in **Massachusetts** in 2012 require the insured or claimant to have an acute condition as a precedent to home health care benefits?

QUESTIONS PERTAINING TO EMPLOYMENT-BASED GROUP POLICIES ONLY

<Insert Company Name here>

EMPLOYMENT BASED COVERAGE

10) What **percentage** of group policies issued in **Massachusetts** in 2012 require a stay in a hospital as a condition precedent to receipt of nursing home benefits?

11) What **percentage** of group policies issued in **Massachusetts** in 2012 require a stay in a hospital as a condition precedent to receipt of home health care benefits?

12) What **percentage** of group policies issued in **Massachusetts** in 2012 require a stay in a nursing home as a condition precedent to receipt of home health care benefits?

13) What **percentage** of group policies issued in **Massachusetts** in 2012 contain an exclusion for Alzheimer's disease?

14) What **percentage** of group policies issued in **Massachusetts** in 2012 contain an exclusion for a mental or nervous disease (other than Alzheimer's disease)?

Please list the diseases:

15) What **percentage** of group policies issued in **Massachusetts** in 2012 contain an exclusion for alcoholism or other chemical dependency?

16) Currently, when a group policy is terminated in **Massachusetts** while an insured is confined to a nursing home, please indicate the date when benefits cease? [check (✓) the applicable box]:

QUESTIONS PERTAINING TO EMPLOYMENT-BASED GROUP POLICIES ONLY

<Insert Company Name here>

EMPLOYMENT BASED COVERAGE

17) What **percentage** of group policies issued in **Massachusetts** in 2012 have the following employer/union and employee contributions towards premium?

Employee pays all of premium	
Employer/union pay all premium	
Premium sharing arrangement	

18) What is the **average percentage** of the total premium, for group policies issued in **Massachusetts** in 2012, that is paid by the employer and the percentage that is paid by the employee?

paid by employer	
paid by employee	

GROUP POLICIES ISSUED THROUGH A GROUP TRUST OR GROUP ASSOCIATION ONLY

<Insert Company Name here>

GROUP TRUST/ASSOCIATION

According to 211 CMR 65.04, the term “group policy” is defined as the “certificate issued to an insured who is enrolled through a group trust or association to which the carrier has issued a long-term care insurance policy. For the purposes of 211 CMR 65.00, this does not include employment-based group policies.”

- 1) What **percentage** of policies issued **Nationally** in 2012 were sold through group trust or association?
- 2) What **percentage** of policies issued in **Massachusetts** in 2012 were sold through group trust or association?

If applicable, please list each group trust or association:

- 3) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 were guaranteed renewable?
- 4) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 have elimination periods that do not exceed 100 days?
- 5) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 contain a reinstatement provision?
- 6) What are the terms of the reinstatement provision?

- 7) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 allow for alternate care benefits?
- 8) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 allow for post-claims underwriting?
- 9) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 require the insured or claimant to have an acute condition as a precedent to home health care benefits?
- 10) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 require a stay in a hospital as a condition precedent to receipt of nursing home benefits?

GROUP POLICIES ISSUED THROUGH A GROUP TRUST OR GROUP ASSOCIATION ONLY

<Insert Company Name here>

GROUP TRUST/ASSOCIATION

11) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 require a stay in a hospital as a condition precedent to receipt of home health care benefits?

12) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 require a stay in a nursing home as a condition precedent to receipt of home health care benefits?

13) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 contain an exclusion for Alzheimer’s disease?

14) What **percentage** of group trust or association policies issued in **Massachusetts** in 2012 contain an exclusion for a mental or nervous disease (other than Alzheimer’s disease)?
Please list the diseases:

15) What **percentage** of group policies issued in **Massachusetts** in 2012 contain an exclusion for alcoholism or other chemical dependency?

16) When group trust or association policies are terminated in **Massachusetts** while an insured is confined to a nursing home, please indicate the date when benefits cease? [check (√) the applicable box]:

Date of group termination

The date the insured is discharged from the nursing home

When the policy lifetime maximum benefit period has expired

Policy lifetime maximum benefit amount for nursing home benefits exhausted

Other, please explain: