

**MASSACHUSETTS DIVISION OF INSURANCE
2009 DISABILITY INCOME INSURANCE QUESTIONNAIRE**

DISABILITY INSURANCE SURVEY REPORTING FOR 1/1/2007 THROUGH 12/31/09

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 DISABILITY INCOME INSURANCE POLICIES, PLEASE SUBMIT ONE RESPONSE FOR GROUP AND ONE FOR INDIVIDUAL BUSINESS. IN ADDITION, IF YOUR COMPANY INSURES MASSACHUSETTS RESIDENTS IN SHORT-TERM AND LONG-TERM DISABILITY INCOME INSURANCE POLICIES, PLEASE SUBMIT ONE RESPONSE FOR SHORT-TERM AND ONE RESPONSE FOR LONG-TERM. AS A RESULT, A COMPANY COULD HAVE FOUR RESPONSES FOR EACH PART OF THE SURVEY - GROUP SHORT-TERM, GROUP LONG-TERM, INDIVIDUAL SHORT-TERM, AND INDIVIDUAL LONG-TERM.
- * SHORT-TERM DISABILITY SHALL BE DEFINED AS A POLICY THAT PAYS FOR BENEFITS FOR LESS THAN TWO YEARS.
- * IF YOUR COMPANY INSURES LESS THAN 100 POLICY OR CERTIFICATEHOLDERS (INCLUDING RIDERS), PLEASE ONLY COMPLETE PART A OF THE SURVEY.
- * PLEASE COMPLETE THE SURVEY IF YOUR COMPANY INSURED MASSACHUSETTS RESIDENTS DURING ANY OF THE REPORTING PERIOD, INCLUDING CLOSED BLOCKS OF BUSINESS. FOR CLOSED BLOCKS OF BUSINESS, MANY OF THE SURVEY QUESTIONS MAY BE ANSWERED AS "N/A."
- * ALL NOTATIONS WITHIN THE SURVEY OF "POLICY" SHALL INCLUDE "CERTIFICATES" AND "RIDERS."
- * PLEASE INCLUDE ALL DISABILITY INCOME PRODUCTS THAT THE CARRIER OFFERS IN YOUR RESPONSE.

The responses to this questionnaire pertain to:	Place a checkmark (✓) next to the applicable type of business.
1. GROUP business - Short-term disability	
2. INDIVIDUAL business - Short-term disability	
3. GROUP business - Long-term disability	
4. INDIVIDUAL business - Long-term disability	

If your company is selling an administrative services only product to a self-funded plan, please check here. _____
 (Please do not include information on this questionnaire about such administrative services only to a self-funded plan product.)

PLEASE RETURN BY NO LATER THAN WEDNESDAY, SEPTEMBER 1, 2010.

[By e-mail: daniel.i.smith@state.ma.us](mailto:daniel.i.smith@state.ma.us)

THE STATEMENTS AND ANY ATTACHMENTS AND ENCLOSURES ACCOMPANYING THIS REPORT REPRESENT MY ORGANIZATION'S PARTICIPATION IN THE DISABILITY INCOME INSURANCE MARKET.

 Print Name and Title

 Signature

 Date

HISTORY

<Insert Company Name here>

*****Please note: If your company is not able to answer any of the questions below, please explain specifically why you cannot do so. In addition, please use this space for further explanation of any answer to any question you deem necessary.*****

1a) What **year** did your company begin marketing disability income insurance products?

Nationally: _____
Massachusetts: _____

1b) If your company did, but no longer markets disability income insurance products, what **year** did your company cease marketing these products?

Nationally: _____
Massachusetts: _____

NATIONAL

2a) **Nationally**, what is the total number of disability income insurance policies (or certificates) that your company had in force as of December 31 in each of the following calendar years:

2007	2008	2009

2b) **Nationally**, what was the **average age** of persons covered by your company's disability income coverage **in each of the following years**:

2007	2008	2009

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

2007	2008	2009

2d) **Nationally**, what was the **average age** of persons whose disability income coverage was initially issued during **each of the following years**:

2007	2008	2009

2e) **Nationally**, how many policies (or certificates) that were **initially issued** during each of the following calendar years were **still in force** at the end of the same year:

HISTORY

2007	2008	2009

MASSACHUSETTS

3a) **In Massachusetts**, what is the total number of disability income insurance policies (or certificates) that your company had in force as of December 31 in each of the following calendar years:

2007	2008	2009

3b) **In Massachusetts**, what was the **average age** of persons covered by your company's disability income plans **in each of the following years**:

2007	2008	2009

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

2007	2008	2009

3d) **In Massachusetts**, what was the **average age** of persons whose disability income coverage was initially issued during **each of the following years**:

2007	2008	2009

3e) **In Massachusetts**, how many policies (or certificates) that were **initially issued** during each of the following calendar years were **still in force** at the end of the same year:

2007	2008	2009