

**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>  
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 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 FRIDAY, OCTOBER 15, 2010.**

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

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FOR DIVISION OF INSURANCE USE ONLY:

<Insert Company Name here>

<Insert original filing date here>

# GENERAL INFORMATION

<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.\*\*\***

1) Does your company presently market (i.e., advertise and/or issue) disability income insurance?

YES	NO

2) In how many jurisdictions does your company market (i.e., advertise and/or issue) disability income insurance? [Insert #]

<Insert # >

3) Does your company offer disability income benefits only as part of a stand-alone disability income policy?

YES	NO

3a) If not, do you offer disability income benefits as a rider to or component of one of the following types of policies:

<p>accident only</p> <p>specified disease</p> <p>hospital confinement and hospital indemnity</p> <p>long-term care</p> <p>dental or vision</p> <p>universal life</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>term life</p> <p>whole life</p> <p>Other (List)</p>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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## MARKETING

<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.\*\*\*

- 1) Does your company provide guidelines to agents related to the marketing of individual and group disability income insurance products to potential customers?

YES	NO

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

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Are the guidelines for Massachusetts the same for all other areas in which your company markets disability income products?  
 If not, please describe any differences in the marketing guidelines for Massachusetts.

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- 2) **Nationally**, indicate the methods by which your company markets disability income insurance and the percentage of premium written through each of the following:

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

- 3) **In Massachusetts**, indicate the methods by which your company markets disability income insurance and the percentage of premium written through each of the following:

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

- 4) Please indicate **by year** the **average income** of applicants that purchase (newly issued policies) your disability income insurance product.

	2007	2008	2009
Average Income			

- 5) What is the **average first year commission** paid to an agent or broker for a new disability income policy in **Massachusetts** expressed as a **percentage** of gross premium (ie., **10% of gross premium**)?

If it is difficult to develop an average first year commission, please provide your best estimate and use the below space for further explanation.

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# 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.\*\*\***

## NATIONAL

- 1) **Nationally**, what **percentage** of disability income policies were issued within the following issue age ranges:

	18-30	31-40	41-50	51-65	66+
2007					
2008					
2009					

- 2) Please complete the following table regarding actual earned premium, actual incurred claims, and actual loss ratio incurred to premium earned percentage for year 2007, 2008, and 2009.

	2007	2008	2009
Actual earned premium			
Actual incurred claims			
Ratio (expressed in %) of actual losses incurred to premium earned	#DIV/0!	#DIV/0!	#DIV/0!

## MASSACHUSETTS

- 3) **In Massachusetts**, what **percentage** of disability income policies were issued within the following issue age ranges:

	18-30	31-40	41-50	51-65	66+
2007					
2008					
2009					

- 4) Please complete the following table regarding actual earned premium, actual incurred claims, and actual loss ratio incurred to premium earned percentage for year 2007, 2008, and 2009.

	2007	2008	2009
Actual earned premium			
Actual incurred claims			
Ratio (expressed in %) of actual losses incurred to premium earned	#DIV/0!	#DIV/0!	#DIV/0!

<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.\*\*\*

**NATIONAL  
TOTAL DISABILITY**

- 1) What proportion of issued policies include benefits for total disability? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

- 2) Does your company use the term "total disability" within its standard policy language to describe the event that may trigger benefits under your policies?

YES	NO

If yes, does your company use a definition of "total disability" within its standard policy language that is based on any of the following (please check any of the definitions that are used):

\* Any occupation: "inability to perform the duties of any occupation"

\* Any occupation reasonably fitted: "inability to perform the duties of an occupation for which the person is reasonably fitted by education, training, and experience"

\* Own occupation: "inability to perform the duties of the occupation the insured was performing at the time of disability"

\* Own specialty: "inability to perform the duties of a professionally recognized specialty"

- 2a) If your company uses an "any occupation" definition within its standard policy language, what proportion of issued policies use this definition? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

In addition, explain how your company's definition differs in any way from the above-noted definition.

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2b) If your company uses an "any occupation reasonably fitted" definition within its standard policy language, what proportion of issued policies use this definition? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

In addition, explain how your company's definition differs in any way from the above-noted definition.

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2c) If your company uses an "own occupation" definition within its standard policy language, what proportion of issued policies use this definition? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

In addition, explain how your company's definition differs in any way from the above-noted definition.

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2d) If your company uses an "own specialty" definition within its standard policy language, what proportion of issued policies use this definition? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

In addition, explain how your company's definition differs in any way from the above-noted definition.

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2e) Does your company ever define the term "duties" within the standard policy language?

YES	NO

If yes, please identify the definition of "duties" within the standard policy language.

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Please also identify whether your standard policy language uses terms such as those noted below when describing the term "duties":

\* "any and all"

If yes, explain how this term is defined within the standard policy language:

YES	NO

\* "substantial"

If yes, explain how this term is defined within the standard policy language:

YES	NO

\* "material"

If yes, explain how this term is defined within the standard policy language:

YES	NO

\* "primary"

If yes, explain how this term is defined within the standard policy language:

YES	NO

\* "manual"

If yes, explain how this term is defined within the standard policy language:

YES	NO

\* "management"

If yes, explain how this term is defined within the standard policy language:

YES	NO

\* "professional"

If yes, explain how this term is defined within the standard policy language:

YES	NO

2f) Does your company require satisfaction of one definition of total disability for a specified period of time and then require satisfaction of a second definition of total disability? Please identify all combinations that are offered and the proportion of issued policies that include these combinations. If it is difficult to develop the proportion of issued policies, please provide an estimate.

- I
- II
- III
- IV

(add more rows if necessary)

2007	2008	2009



**PARTIAL DISABILITY**

3) Does your company use the term "partial disability" within its standard policy language to describe what may trigger benefits under your policies?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, does your company use a definition of "partial disability" that is based on any of the following (please check any of the definitions that are used):

\* Any occupation: "inability to perform the duties of any occupation"

\* Any occupation reasonably fitted: "inability to perform the duties of an occupation for which the person is reasonably fitted by education, training, and experience"

\* Own occupation: "inability to perform the duties of the occupation the insured was performing at the time of disability"

\* Own speciality: "inability to perform the duties of a professionally recognized speciality"

If yes, are any of the above definitions different for partial disability than for total disability in the same policy?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If so, please explain.

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3a) What proportion of issued policies include benefits for partial disability? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009
<input type="text"/>	<input type="text"/>	<input type="text"/>

3b) Please identify the proportion of issued policies where partial disability is based on (if it is difficult to develop the proportion of issued policies, please provide an estimate):

\* Specific reduced number of hours the insured is able to work  
If yes, is it based on weekly reduced hours (0-10, 10-20, 20-30 hours)?

2007	2008	2009
<input type="text"/>	<input type="text"/>	<input type="text"/>

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\* Reduced number of duties the insured is able to perform  
If yes, explain how that is defined

2007	2008	2009
<input type="text"/>	<input type="text"/>	<input type="text"/>

---

\* Reduced wages/salary the insured is able to earn  
If yes, explain all the ways this has been defined in the policy

2007	2008	2009
<input type="text"/>	<input type="text"/>	<input type="text"/>

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\* Some level of reduced income  
If yes, explain all the ways this has been defined in the policy

2007	2008	2009
<input type="text"/>	<input type="text"/>	<input type="text"/>

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3c) Is it required that a person be found to be totally disabled for a certain period of time before qualifying for partial disability?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain the range.

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**OTHER DISABILITY**

6) Identify the percentage of issued policies that use any of the following terms (if it is difficult to develop the proportion of issued policies, please provide an estimate):

**Recovery disability**

If yes, explain how that is defined

2007	2008	2009

**Rehabilitation disability**

If yes, explain how that is defined

2007	2008	2009

**Catastrophic disability**

If yes, explain how that is defined

2007	2008	2009

**Accidental disability**

If yes, explain how that is defined

2007	2008	2009

**Concurrent disability**

If yes, explain how that is defined

2007	2008	2009

**Recurrent disability**

If yes, explain how that is defined

2007	2008	2009

7) Does your company base disability on:

- a) unemployment
- b) the inability to become employed
- c) ability to attract clients


8)

Does your company offer key person coverage whose benefits do not replace the key person's own income, but rather are designed to pay:

- a) the cost to replace the key person within a business
- b) the business' lost income due to the disability of the key person prior to the replacement of the key person
- c) other (please explain)


Does your company:

- a) require the key person to be identified by name
- b) allow key person coverage to apply to an identified position within the company (e.g. treasurer)


**MASSACHUSETTS  
TOTAL DISABILITY**

9) What proportion of issued policies include benefits for total disability?  
If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

10) Does your company use the term "total disability" within its standard policy language to describe the event that may trigger benefits under your policies?

YES	NO

If yes, does your company use a definition of "total disability" within its standard policy language that is based on any of the following (please check any of the definitions that are used):

\* Any occupation: "inability to perform the duties of any occupation"

\* Any occupation reasonably fitted: "inability to perform the duties of an occupation for which the person is reasonably fitted by education, training, and experience"

\* Own occupation: "inability to perform the duties of the occupation the insured was performing at the time of disability"

\* Own speciality: "inability to perform the duties of a professionally recognized specialty"

10a) If your company uses an "any occupation" definition within its standard policy language, what proportion of issued policies use this definition?  
If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

In addition, explain how your company's definition differs in any way from the above-noted definition.

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10b) If your company uses an "any occupation reasonably fitted" definition within its standard policy language , what proportion of issued policies use this definition? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

In addition, explain how your company's definition differs in any way from the above-noted definition.

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10c) If your company uses an "own occupation" definition within its standard policy language, what proportion of issued policies use this definition? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

In addition, explain how your company's definition differs in any way from the above-noted definition.

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10d) If your company uses an "own specialty" definition within its standard policy language, what proportion of issued policies use this definition? If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

In addition, explain how your company's definition differs in any way from the above-noted definition.

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10e) Does your company ever define the term "duties" within its standard policy language?

YES	NO

If yes, please identify the definition of "duties" within the standard policy language.

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Please also identify whether your standard policy language uses terms such as those noted below when describing the term "duties":

\* "any and all"

If yes, explain how this term is defined within the standard policy language:

YES	NO

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\* "substantial"

If yes, explain how this term is defined within the standard policy language:

YES	NO

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---

\* "material"

If yes, explain how this term is defined within the standard policy language:

YES	NO

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\* "primary"

If yes, explain how this term is defined within the standard policy language:

YES	NO

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\* "manual"

If yes, explain how this term is defined within the standard policy language:

YES	NO

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\* "management"

If yes, explain how this term is defined within the standard policy language:

YES	NO

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\* "professional"

If yes, explain how this term is defined within the standard policy language:

YES	NO

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10f) Does your company require satisfaction of one definition of total disability for a specified period of time and then require satisfaction of a second definition of total disability? Please identify all combinations that are offered and the proportion of issued policies that include these combinations (if it is difficult to develop the proportion of issued policies, please provide an estimate).

- I
- II
- III
- IV

(add more rows if necessary)

2007	2008	2009

**PARTIAL DISABILITY**

11) Does your company use the term "partial disability" within its standard policy language to describe what may trigger benefits under your policies?

YES	NO

If yes, does your company use a definition of "partial disability" that is based on any of the following (please check any of the definitions that are used):

\* Any occupation: "inability to perform the duties of any occupation"

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\* Any occupation reasonably fitted: "inability to perform the duties of an occupation for which the person is reasonably fitted by education, training, and experience"

--

\* Own occupation: "inability to perform the duties of the occupation the insured was performing at the time of disability"

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\* Own speciality: "inability to perform the duties of a professionally recognized speciality"

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If yes, are any of the above definitions different for partial disability than for total disability in the same policy?

YES	NO

If so, please explain.

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11a) What proportion of issued policies include benefits for partial disability?  
If it is difficult to develop the proportion of issued policies, please provide an estimate.

2007	2008	2009

11b) Please identify the proportion of issued policies where partial disability is based on (if it is difficult to develop the proportion of issued policies, please provide an estimate):

\* Specific reduced number of hours the insured is able to work  
If yes, is it based on weekly reduced hours (0-10, 10-20, 20-30 hours)?

2007	2008	2009

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\* Reduced number of duties the insured is able to perform  
If yes, explain how that is defined

2007	2008	2009

---

\* Reduced wages/salary the insured is able to earn  
If yes, explain all the ways this has been defined in the policy

2007	2008	2009

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\* Some level of reduced income  
If yes, explain all the ways this has been defined in the policy

2007	2008	2009

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11c) Is it required that a person be found to be totally disabled for a certain period of time before qualifying for partial disability?

YES	NO

If yes, please explain the range.

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**OTHER DISABILITY**

14) Identify the percentage of issued policies that use any of the following terms (if it is difficult to develop the proportion of issued policies, please provide an estimate):

**Recovery disability**

If yes, explain how that is defined

2007	2008	2009

**Rehabilitation disability**

If yes, explain how that is defined

2007	2008	2009

**Catastrophic disability**

If yes, explain how that is defined

2007	2008	2009

**Accidental disability**

If yes, explain how that is defined

2007	2008	2009

**Concurrent disability**

If yes, explain how that is defined

2007	2008	2009

**Recurrent disability**

If yes, explain how that is defined

2007	2008	2009

15) Does your company base disability on:

- a) unemployment
- b) the inability to become employed
- c) ability to attract clients


16) Does your company offer key person coverage whose benefits do not replace the key person's own income, but rather are designed to pay (check all that apply):

- a) the cost to replace the key person within a business
- b) the business' lost income due to the disability of the key person prior to the replacement of the key person
- c) other (please explain)


Does your company:

- a) require the key person to be identified by name
- b) allow key person coverage to apply to an identified position within the company (e.g. treasurer)


## Benefits

<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.\*\*\***

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### NATIONAL

- 1) **Nationally**, what **percentage** of disability income policies were issued with the following benefit amounts (expressed as a percentage of income or a stated dollar amount). Please do not include overhead expense or business buyout policies.

	<30%	31-50%	51-70%	71-85%	>86%	Weekly \$ Amount	Monthly \$ Amount	Other
2007								
2008								
2009								

### MASSACHUSETTS

- 2) In **Massachusetts**, what **percentage** of disability income policies were issued with the following benefit amounts (expressed as a percentage of income or a stated dollar amount). Please do not include overhead expense or business buyout policies.

	<30%	31-50%	51-70%	71-85%	>86%	Weekly \$ Amount	Monthly \$ Amount	Other
2007								
2008								
2009								

- 3) Does your company offer overhead expense coverage?

<b>YES</b>	<b>NO</b>

If yes, how does your company define the overhead expenses that are included in the plan?

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- 4) If your company offers business buyout coverage, please identify what benefits are available so that one partner can buyout the disabled partner's share of the business:

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## Duration of Coverage

<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.\*\*\*

**NATIONAL**

- 1) What **percentage** of disability income insurance policyholders **Nationally** bought coverage where benefits were available for the following durations?

	6 months	1 year	2 years	3 years	4 years	5 years	Other
2007							
2008							
2009							

**MASSACHUSETTS**

- 2) What **percentage** of disability income insurance policyholders in **Massachusetts** bought coverage where benefits were available for the following durations?

	6 months	1 year	2 years	3 years	4 years	5 years	Other
2007							
2008							
2009							

- 3) Does your policy cease benefits when an individual reaches a certain age?  
If yes, please identify that age

YES	NO

- 4) Does your policy permit benefits to continue beyond the retirement age listed in your standard policy?  
If yes, for how long and under what conditions?

YES	NO

# LIMITATIONS EXCLUSIONS

<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.\*\*\*


## NATIONAL

- 1) Does your company issue a policy **Nationally** with a pre-existing condition limitation?

<b>YES</b>	<b>NO</b>

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

<insert max.>
---------------

If yes, please identify the proportion of policies initially issued that include a pre-existing condition limitation.

2007	2008	2009

- 2) Identify whether your company's standard policy language expressly limits or excludes disabilities arising from the following conditions:
- \* pregnancy
  - \* mental disorders
  - \* substance abuse
  - \* self-inflicted injuries
  - \* work-related disabilities
  - \* cosmetic surgeries or treatments
  - \* risky recreational behaviors, such as skydiving, skiing, bungee jumping, hang-gliding, un-helmeted motorcycle driving, or ATV driving
  - \* unprotected lifestyle choices


- 3) Does your company issue a policy that pays for any rehabilitation services to prepare the insured to return to work?

<b>YES</b>	<b>NO</b>

## MASSACHUSETTS

- 4) Does your company issue a policy in **Massachusetts** with a pre-existing condition limitation?

<b>YES</b>	<b>NO</b>

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

<insert max.>
---------------

If yes, please identify the proportion of policies initially issued that include a pre-existing condition limitation.

2007	2008	2009

- 5) Identify whether your company's standard policy language expressly limits or excludes disabilities arising from the following conditions:
- \* pregnancy
  - \* mental disorders
  - \* substance abuse
  - \* self-inflicted injuries
  - \* work-related disabilities
  - \* cosmetic surgeries or treatments
  - \* risky recreational behaviors, such as skydiving, skiing, bungee jumping, hang-gliding, un-helmeted motorcycle driving, or ATV driving
  - \* unprotected lifestyle choices


- 6) Does your company issue a policy that pays for any rehabilitation services to prepare the insured to return to work?

<b>YES</b>	<b>NO</b>

**ELIMINATION PERIOD**

<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.\*\*\***

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**NATIONAL**

- 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
<input type="text"/>	<input type="text"/>
YES	NO
<input type="text"/>	<input type="text"/>

- 2) 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.")

YES                      NO

	2007	2008	2009
0-7 days	<input type="text"/>	<input type="text"/>	<input type="text"/>
8-60 days	<input type="text"/>	<input type="text"/>	<input type="text"/>
61-120 days	<input type="text"/>	<input type="text"/>	<input type="text"/>
121-180 days	<input type="text"/>	<input type="text"/>	<input type="text"/>
181+ days	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Each column should reflect 100%)

0.0%      0.0%      0.0%

**ELIMINATION PERIOD**

<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.\*\*\***

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**NATIONAL**

**MASSACHUSETTS**

- 3) 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?

<b>YES</b>	<b>NO</b>
<input type="text"/>	<input type="text"/>
<b>YES</b>	<b>NO</b>
<input type="text"/>	<input type="text"/>

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

**<insert form identifier>**

---

- 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.")

	2007	2008	2009
0-7 days	<input type="text"/>	<input type="text"/>	<input type="text"/>
8-60 days	<input type="text"/>	<input type="text"/>	<input type="text"/>
61-120 days	<input type="text"/>	<input type="text"/>	<input type="text"/>
121-180 days	<input type="text"/>	<input type="text"/>	<input type="text"/>
181+ days	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

(Each column should reflect 100%)

## INFLATION ADJUSTMENT BENEFIT

<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.\*\*\*


**NATIONAL**

- 1) What percentage of policyholders purchased inflation protection, by type of protection, **Nationally**? Please provide the responses to this question as a **percentage of policies** initially issued during 2007, 2008, and 2009.

If cost of living adjustment is based on the day the policyholder buys the policy, please complete this table:

	2007	2008	2009
No inflation protection			
3% simple interest			
5% simple interest			
10% simple interest			
CPI Increase			
3% compound interest			
5% compound interest			
10% compound interest			
Guar Future Purch Option			
Other (please specify)			

If cost of living adjustment is based on the day the policyholder receives benefits, please complete this table:

	2007	2008	2009
No inflation protection			
3% simple interest			
5% simple interest			
10% simple interest			
CPI Increase			
3% compound interest			
5% compound interest			
10% compound interest			
Guar Future Purch Option			
Other (please specify)			

- 2) What is the **average cost** (dollar amount) of each of the inflation protection provisions purchased by policyholders **Nationally** in 2007, 2008, and 2009?

	2007	2008	2009
3% simple interest			
5% simple interest			
10% simple interest			
CPI Increase			
3% compound interest			
5% compound interest			
10% compound interest			
Guar Future Purch Option			
Other (please specify)			





# RETURN OF PREMIUM

<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.\*\*\***

**NATIONAL**

- 1) When offering products **Nationally**, does your company offer return of premium benefits with disability income policies?

<b>YES</b>	<b>NO</b>

If yes, please complete the tables below by year and describe the return of premium benefits offered, the percentage of policyholders who purchased the return of premium benefits, and the average cost of the benefit.

**Return of Premium type (LIST)**

- 1  
2  
3

2007	2008	2009
% purchased	% purchased	% purchased

- 2) What **percentage** of your **group** policies sold **Nationally** in 2007, 2008, and 2009 require return of premium benefits?

2007	2008	2009

**MASSACHUSETTS**

- 3) In **Massachusetts**, does your company offer all the above-noted return of premium benefits in its disability income insurance policies? If not, please identify which are **not offered in Massachusetts**.

<b>YES</b>	<b>NO</b>

**Return of Premium type (LIST)**

NOT offered in MA 2007	NOT offered in MA 2008	NOT offered in MA 2009

## Social Security Disability

<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.\*\*\*


### NATIONAL

1) When offering products **Nationally**, does your company offer a social security rider? If yes, please answer the below questions

<b>YES</b>	<b>NO</b>
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

2) When offering products **Nationally**, does your company condition benefits on the insured applying for social security disability income benefits or on the insured's receipt of social security disability income benefits?

<b>YES</b>	<b>NO</b>
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

3) When offering products **Nationally**, does your company offset benefits based on the amounts that are or would be paid by social security?

<b>YES</b>	<b>NO</b>
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

4) When offering products **Nationally**, does your company reduce benefits for a social security offset even if social security is not awarded?

<b>YES</b>	<b>NO</b>
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

5) When offering products **Nationally**, does your company apply a Social Security offset for a limited time?

<b>YES</b>	<b>NO</b>
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

If yes, please identify the time frame(s) that the offset is applied.

<insert max.>
---------------

6) What percentage of your policies sold **Nationally** in 2007, 2008, and 2009 include a social security offset benefit?

<b>2007</b>	<b>2008</b>	<b>2009</b>
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

## Social Security Disability

<Insert Company Name here>

### MASSACHUSETTS

7) When offering products **in Massachusetts**, does your company offer a social security rider? If yes, please answer the below questions

YES	NO
<input type="text"/>	<input type="text"/>

8) When offering products **in Massachusetts**, does your company condition benefits on the insured applying for social security disability income benefits or on the insured's receipt of social security disability income benefits?

YES	NO
<input type="text"/>	<input type="text"/>

9) When offering products **in Massachusetts**, does your company offset benefits based on the amounts that are or would be paid by social security?

YES	NO
<input type="text"/>	<input type="text"/>

10) When offering products **Nationally**, does your company reduce benefits for a social security offset even if social security is not awarded?

YES	NO
<input type="text"/>	<input type="text"/>

11) When offering products **in Massachusetts**, does your company apply a Social Security offset for a limited time?

YES	NO
<input type="text"/>	<input type="text"/>

If yes, please identify the time frame(s) that the offset is applied.

<insert max.>
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12) What percentage of your policies sold **in Massachusetts** in 2007, 2008, and 2009 include a social security offset benefit?

2007	2008	2009
<input type="text"/>	<input type="text"/>	<input type="text"/>

## PRICING - INCLUDING SINGLE PREMIUM

<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.\*\*\***

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### NATIONAL

- 1) What **percentage** of your disability income policies **Nationally** had any of the following restrictions on rate changes?

<u>Restrictions on Ratings</u>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Non-cancellable			
Limited Rate Guarantee			
Attained age			
Restrictions on magnitude of allowable increases (such as flex bands)			
Other (Please List):			
_____			
_____			
_____			

- 2) What was the **average annual premium** paid, **Nationally**, in 2007, 2008, and 2009 for policies issued in 2007, 2008, and 2009? Please complete the following table:

<b>POLICY YEAR</b>	Of policies sold in 2007 identify the average annual premium in 2007	Of policies sold in 2007 identify the average annual premium in 2008	Of policies sold in 2007 identify the average annual premium in 2009
<b>2007</b>			

<b>POLICY YEAR</b>	Of policies sold in 2008 identify the average annual premium in 2008	Of policies sold in 2008 identify the average annual premium in 2009
<b>2008</b>		

<b>POLICY YEAR</b>	Of policies sold in 2009 identify the average annual premium in 2009
<b>2009</b>	

- 3) What **percentage** of your **National** disability income insurance policies sold by year are single premium or noncancellable?

<b>Year Sold</b>	<b>Percentage</b>
<b>2007</b>	
<b>2008</b>	
<b>2009</b>	

- 4) What **percentage** of your **National** single premium or noncancellable disability income insurance policies had claims within the following months of purchase?

	<b>2007</b>	<b>2008</b>	<b>2009</b>
< 12 months			
12 - 24 months			na
none before death of policyholder			

## PRICING - INCLUDING SINGLE PREMIUM

<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.\*\*\***

### MASSACHUSETTS

- 5) What **percentage** of your disability income policies in **Massachusetts** had any of the following restrictions on rate changes?

<b>Restrictions on Ratings</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Non-cancellable			
Limited Rate Guarantee			
Attained age			
Restrictions on magnitude of allowable increases (such as flex bands)			
Other (Please List):			
_____			
_____			
_____			

- 6) What was the **average annual premium** paid, in **Massachusetts**, in 2007, 2008, and 2009 for policies issued in 2007, 2008, and 2009?  
Please complete the following table:

<b>POLICY YEAR</b>	Of policies sold in 2007 identify the average annual premium in 2007	Of policies sold in 2007 identify the average annual premium in 2008	Of policies sold in 2007 identify the average annual premium in 2009
<b>2007</b>			

<b>POLICY YEAR</b>	Of policies sold in 2008 identify the average annual premium in 2008	Of policies sold in 2008 identify the average annual premium in 2009
<b>2008</b>		

<b>POLICY YEAR</b>	Of policies sold in 2009 identify the average annual premium in 2009
<b>2009</b>	

- 7) What **percentage** of your **Massachusetts** disability income insurance policies are single premium or noncancellable?

Year Sold	Percentage
<b>2007</b>	
<b>2008</b>	
<b>2009</b>	

- 8) What **percentage** of your **Massachusetts** single premium or noncancellable disability income insurance policies had claims within the following months of purchase?

	<b>2007</b>	<b>2008</b>	<b>2009</b>
< 12 months			
12 - 24 months			na
none before death of policyholder			

# ADVANCED PAYMENT

<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.\*\*\***

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- 1) Does your company currently sell policies with advanced payment provisions (advanced payment is defined as an elected lump-sum payment at the start of the benefit payment period of a portion or all of the maximum benefit)?

	YES	NO
<b>Nationally</b>		
<b>In Massachusetts</b>		

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

**Nationally -**

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**Massachusetts -**

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## NATIONAL

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

2007	2008	2009

- 3) Please identify the gross premium revenue your company received from advanced payment benefits **Nationally** in 2007, 2008, and 2009.

2007	2008	2009

- 4) What was the **average age** of advanced payment benefit policyholders **Nationally** by year?

2007	2008	2009

## MASSACHUSETTS

- 5) What is the total number of advanced payment riders (or policy amendments) that your company had in force in **Massachusetts** on December 31:

2007	2008	2009

- 6) Please identify the gross premium revenue your company received from advanced payment benefits in **Massachusetts** in 2007, 2008, and 2009.

2007	2008	2009

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

2007	2008	2009

## Group Coverage (only to be answered for group responses)

<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.\*\*\***

### MASSACHUSETTS

- 1) In **Massachusetts**, what **percentage** of group policies issued in 2009 were sold through entities other than employers or labor unions?   
 If applicable, please list those other entities (i.e., associations, trusts, student groups, etc.):  


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- 2) In **Massachusetts**, what **percentage** of group policies issued in 2009 were issued through entities (*e.g.* , agents and brokers) that receive a commission or other remuneration for selling insurance?
  
- 3) In **Massachusetts**, what **percentage** of group policies issued in 2009 have a group conversion option for individuals when they leave the group?
  
- 4) In **Massachusetts**, what **percentage** of group policies issued in 2009 contain a reinstatement provision?
  
- 5) What are the terms of the reinstatement provision?  


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- 6) What **percentage** of group policies issued in **Massachusetts** in 2009 allow for post-claims underwriting?
  
- 7) What **percentage** of group policies issued in **Massachusetts** in 2009 have the following employer/union and employee contributions towards premium?  

	<b>Employee pays all of premium</b>	<input style="width: 40px; height: 15px;" type="text"/>
	<b>Employer/union pay all premium</b>	<input style="width: 40px; height: 15px;" type="text"/>
	<b>Premium sharing arrangement</b>	<input style="width: 40px; height: 15px;" type="text"/>
  
- 8) What is the **average percentage** of the total premium, for group policies issued in **Massachusetts** in 2009, that is paid by the employer and the percentage that is paid by the employee?  

	<b>paid by employer</b>	<input style="width: 40px; height: 15px;" type="text"/>
	<b>paid by employee</b>	<input style="width: 40px; height: 15px;" type="text"/>