



2018 Long-Term Care Data Request – Revised 5/21/2018

TABLE OF CONTENTS

Request for Data Contributions	2
Purpose of the Study.....	2
Scope of Study	2
Important Dates	3
Data Transmission Instructions.....	3
Study Outputs.....	3
Benefits to Data Contributors.....	3
Data Access, Ownership and Retention.....	4
Data Compilers, Contracted Researchers and Data Confidentiality	4
5/10/2018 Revisions to Incidence/Lapse/Mortality Format.....	5
5/21/2018 Revisions to Incidence/Lapse/Mortality Format.....	6
APPENDIX A – Data Request Description.....	7
Incidence/Lapse/Mortality	7
Claim Terminations	36
Supplemental Questionnaire.....	43
About The Society of Actuaries.....	44

Request for Data Contributions

The SOA Long-Term Care Experience Committee (LTCEC) is requesting Long Term Care experience that occurred on stand-alone Long Term Care policies from January 1, 2000 through December 31, 2016. This request has two components: 1) the incidence, lapse and mortality study and 2) the claim termination study. A detailed description of the data being requested can be found in Appendix A.

Purpose of the Study

The SOA LTCEC plans to complete an update to the Long-Term Care Claim Termination, Incidence, Lapse and Mortality Experience Study previously completed in 2015. The goals of this update are to:

- Provide LTC insurers with updated data for use in benchmarking their own experience and in setting pricing and valuation assumptions.
- Enable insurers seeking to write new LTC business to price product proposals.
- Support research for the development of predictive and other models that can be used for financial projections and analysis.

Scope of Study

The study includes experience from insurance companies on stand-alone Long Term Care policies exposing anytime between **1/1/2000** and **12/31/2016**:

- Policies issued prior to and in force as of **1/1/2000** will expose from **1/1/2000** to the earlier of the policy termination date and **12/31/2016**.
- Policies issued between **1/1/2000** and **12/31/2016** will expose from policy effective date to the earlier of the policy termination date and **12/31/2016**.
- Claims incurred between **1/1/2000** and **12/31/2016**.
- Do not include:
 - Long-Term Care Combination products or Long Term Care riders on life or annuity products.
 - Short-Term Care products.
- Seriatim format – a separate record for each insured.
- Data should be based on the information known as of the date the data set is prepared but no earlier than **12/31/2017**.
- Only policies truly in effect should be included. For example, policies voided by the carrier or canceled by the policyholder during the contract review period should be excluded.
- The incidence study will be based on a paid incidence definition. Only claims that have been approved and that led to an actual benefit payment will be considered.
- Only claims with a payment are to be included. If a claim was adjudicated with no payment, or if any payment made was found to have been reversed, that claim should not be included.

Important Dates

Your timely voluntary data submission is a valuable contribution to this Study. We request your data, as described in the following section, no later than **June 30, 2018**.

Please reply to Erika Schulty (ESchulty@soa.org) with your decision to supply data for this study by **April 13, 2018**.

Data Transmission Instructions

The SOA has engaged MIB as the data compiler for this study. When you are ready to submit your data, please send an email to data@mib.com and they will send you a secure link to facilitate the transmission. Please do not send your data submission to the SOA.

Study Outputs

The outputs of this study may include one or more of the following, all of which may be made publicly available:

- a detailed experience study report with analysis and commentary;
- dataset(s) containing claim termination, incidence, lapse and mortality experience collected for the purpose of this study. This experience data will not contain confidential contributor level information. It may be made available in excel files, text files or other formats;
- models or other tools developed to support the analyses completed in the study; and
- other outputs as determined by the SOA and/or LTCEC.

Benefits to Data Contributors

Data contributors whose data is retained for inclusion in the study¹, will receive the following benefits in exchange for their data submissions:

- their experience data be part of an notable study that will benefit the long-term care industry;
- their contributions will be acknowledged in any final, published report;
- an advance copy of any final, published report; and
- confidential dataset(s) of their contributed data in the same format as any final, published dataset(s).

¹ The SOA and the data compiler will make reasonable efforts to cleanse, validate and include all contributors' data into the study. In situations, where it is deemed to be too costly, in terms of time and resources, to get a data submission into an acceptable state to be included in the study, the data will be excluded from the study. Contributors will be notified of any decision to exclude their data submission from the study.

Data Access, Ownership and Retention

Original data contributions will remain the property of the data contributor. Only the data compiler will have access to any original data contributions. SOA volunteers working on the study will not have access to original data. The data compiler will not use the data for any purpose other than to produce and provide aggregated datasets as described in the following paragraph. Unless the SOA requests otherwise, all original data files received from data contributors will be destroyed by the data compiler 24 months after publication of the final outputs.

The data compiler will create de-identified, aggregated datasets from the original data contributions for the purpose of completing this study. These aggregated datasets will not contain any personal identifiable information. All aggregated datasets compiled by the data compiler from the original data contributions will be the property of the SOA. These aggregated datasets may include a version that contains a de-identified contributor level indicator. Any aggregated dataset with a contributor level indicator will only be accessible by SOA staff or contracted independent consultants. SOA staff will receive a mapping of the contributor names to the identification codes in the de-identified contributor level aggregated datasets and the mapping will not be shared with anyone outside of SOA staff. With the exception of any aggregated dataset with a contributor level indicator, the SOA retains the right to publish, sell, or distribute any aggregated datasets produced for the purpose of this study.

Data Compilers, Contracted Researchers and Data Confidentiality

The SOA contracts with third party vendors for the data compilation portion of the study. The SOA may also utilize independent researchers to complete certain areas of study. The SOA has previously contracted with MIB for the LTC data compilation of prior LTC studies. The SOA has also previously contracted with LIMRA to produce a study of LTC lapse experience. Any compilers or researchers that the SOA hires will be required to follow strict data confidential requirements. The data that you submit to the SOA Data Coordinator will be passed to the data compilers and researchers. Only SOA staff and the contracted data compilers and researchers will have access to the data you submit. Any data that is published as part of the resultant study or distributed to SOA volunteers for analysis and development of an experience study report or valuation table will be aggregated at a level that protects individual and company level confidential information.

Contact Erika Schulty (ESchulty@soa.org) for any questions you have regarding data compilers, researchers or confidentiality.

5/10/2018 Revisions to Incidence/Lapse/Mortality Format

- Item 43
 - Was: “If Item 33, Overall Policy Lifetime Maximum Benefit Indicator, equals ‘01’, leave blank.”
 - Now: “If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals ‘01’, leave blank.”
- Item 43
 - Was: “If Item 27, Overall Policy Lifetime Benefit Indicator, equals ‘00’, enter form of Lifetime Maximum Benefit for Nursing Home Facility Care (Skilled, Intermediate, Custodial and other facilities - exclude Assisted Living Facilities which is found in a separate section below)”
 - Now: “If Item 27, Overall Policy Lifetime Benefit Indicator, equals ‘00’, enter form of Lifetime Maximum Benefit for Assisted Living Facility Care.”
- Item 45
 - Was: “If Item 33, Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator, equals ‘01’, leave blank.”
 - Now: “If Item 31, Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator, equals ‘01’, leave blank.”
- Item 51
 - Was: “If Item 33, ...”
 - Now: “If Item 31, ...”
- Item 55
 - Was: If Item 27, Overall Policy Lifetime Benefit Indicator, equals ‘00’, enter form of Lifetime Maximum Benefit Home and Home Health Care.
 - Now: If Item 27, Overall Policy Lifetime Benefit Indicator, equals ‘00’, enter form of Lifetime Maximum Benefit for All Other Non-Facility Care.
- Items 67 and 68
 - Was: “If Item 64, Inforce Indicator, is...”
 - Now: “If Item 66, Inforce Indicator, is...”
- Items 70-73, 75, and 76
 - Was: “If Item 67, Benefit Provision Change, is '00' then leave blank”
 - Now: “If Item 69, Benefit Provision Change, is '00' or '02', leave blank”
- Item 74
 - Was: “If field 71 is '00' then then leave blank”
 - Now: “If field 73, Benefit Period Change is '00', '02', or '09' then leave blank”
- Item 87
 - Was: “If Item 83, Premium Payment Frequency, is...”
 - Now: “If Item 85, Premium Payment Frequency, is...”
- Item 91
 - Was: “If field 88 is either '00' or '02, leave blank.”
 - Now: “If field 90, Premium Rate Increases is either '00' or '02, leave blank.”

- Item 92
 - Was: “If Item 88, Premium Rate Increases, is '02', leave blank”
 - Now: “If Item 90, Premium Rate Increases, is either '00' or '02', leave blank”
- Item 93
 - Was: “If Item 90, Current Premium Payment Frequency, is...”
 - Now: “If Item 92, Current Premium Payment Frequency, is...”
- Item 93
 - Was: “If Item 88, Premium Rate Increases, is '02', leave Blank.”
 - Now: “If Item 90, Premium Rate Increases, is either '00' or '02', leave Blank.”
- Items 95-99
 - Was: “If Item 92, Benefit Provision Change, is '01', enter:”
 - Now: “If Item 94, Benefit Provision Change, is '01', enter:”
- Item 101
 - Was: “If Item 98, On Claim at the Beginning of the Study”
 - Now: “If Item 100, On Claim at the Beginning of the Study”

5/21/2018 Revisions to Incidence/Lapse/Mortality Format

Columns ranges were off starting at field 11.

APPENDIX A – Data Request Description

Incidence/Lapse/Mortality

Modified – 5/10/2018 & 5/21/2018

One record for each covered person on a policy

ITEM	COL	LEN	DATA ELEMENT		DESCRIPTION
				DEMOGRAPHICS AND ELIGIBILITY	
1	1-5	5	Company Code		If not known, can be secured from the Compiler.
2	6-25	20	Policy Identifier		Any unique identifying number assigned by insurer. Left justify the number and blank fill the empty columns. IN ORDER TO PRESERVE DATA PRIVACY, PLEASE DO NOT PROVIDE THE ACTUAL CONTRACT OR POLICY NUMBER. NOTE: This identifier must be unique for each policy (not each person) and the same identifier as in the claim file for the same person/policy combination
3	26-35	10	Policy plan code		Enter the policy plan code associated with the policy. The purpose of this field is to compile the number of underwriting classes associated with the policy based on the data provided in the supplementary questionnaire. The plan code should be consistent with the plan code listing provided as part of the supplementary questionnaire.

4	36-37	2	Covered Person Identifier	<p>The covered person in this record for whom the claim was paid. This can be the insured, spouse/partner, child, dependent parent, in-law or relative covered under this policy or as a rider to this policy.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Insured – primary person to whom policy is issued • 02 = Spouse/Partner • 03 = Child • 04 = Dependent Parent • 05 = In-Law • 06 = Relative • 07 = Other
5	38-45	8	Covered Person's Date of Birth	<p>For the covered person in Item 4, Covered Person Identifier, enter the numeric date of birth in YYYYMMDD format.</p>
6	46-48	3	Covered Person's Issue Age	<p>Enter the issue age for the person covered under this policy. If a shared policy, enter the oldest issue age.</p>
7	49-50	2	Issue Age Basis	<p>Enter the issue age basis for the policy:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Age Last Birthday • 02 = Age Nearest Birthday
8	51-52	2	Covered Person's Gender	<p>For the covered person in Item 4, Covered Person Identifier:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Female • 02 = Male

9	53-54	2	<p>Policy Issue Type</p> <p>Worksite - Individual policy sale</p> <p>Employer Sponsored – Group sale</p> <p>Association – either Individual or Group sale</p>		<p>If not Worksite, Employer Sponsored or Association Plan, enter 11 for Individual, and 12 for Group Policy</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Employee sold an Individual policy through a Worksite Plan • 02 = Retiree sold an Individual policy through a Worksite Plan. • 03 = Member (or retiree) sold an Individual policy through an Association Plan • 04 = Spouse of an employee (or retiree) sold an Individual policy through a Worksite Plan • 05 = Spouse of a Member sold an Individual policy through an Association Plan • 06 = Employee (or retiree) sold a Group certificate through Employer Sponsored Plan • 07 = Spouse (or dependent) of an employee (or retiree) sold a Group certificate through an Employer Sponsored Plan • 08 = Member, spouse or dependent sold a Group certificate through an Association Plan • 09 = Other Individual Policy ((Worksite, Employer Sponsored or Association Plan not noted above) • 10 = Other Group Policy ((Worksite, Employer Sponsored or Association Plan not noted above)
---	-------	---	---	--	---

					<ul style="list-style-type: none"> • 11 = If not Worksite, Employer Sponsored or Association Plan, for Individual Policy • 12 = If not Worksite, Employer Sponsored or Association Plan, for Group Policy
10	55-56	2	Tax qualification of policy	•	<ul style="list-style-type: none"> • 01 = Tax qualified • 02 = Non-tax-qualified • 03 = Grandfathered tax-qualified
11	57-58	2	Grandfathered Reason		<p>If item 10 = '03' then please choose reason. Otherwise leave blank</p> <ul style="list-style-type: none"> • 01 = Medical Necessity • 02 = 3-day hospital stay • 03 = Other reason

12	59-60	2	Producer who sold the policy		<p>Who sold this policy to the insured? Select closest item</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Company Agent (Captive or Career) • 02 = Independent Agent (Broker) • 03 = Direct Response from the company mailing • 04 = Direct Response from Company staff • 05 = Enroller • 09 = Other (Not noted above)
13	61-68	8	Policy effective date		<p>Enter the numerical policy effective date in YYYYMMDD format</p>
14	69-70	2	Acquisition / Exposure Validity Indicator	•	<ul style="list-style-type: none"> • 00 = Record exposure valid or not acquired during exposure period. • 01 = Record for policy acquired after 1/1/2000, or if the record exposure is not valid until after 1/1/2000.
15	71-72	2	Policy Acquisition Type		<p>If Item 14 is '01' and the policy was acquired:</p> <ul style="list-style-type: none"> • 00 = both active and terminated policies were acquired • 01 = only active policies were acquired <p>Otherwise, leave blank.</p>
16	73-80	8	Acquisition or Exposure Validity Date		<p>If Item 14 is '01' and either Item 15 is '01' or the record exposure was not valid until after 1/1/2000, enter the date in YYYYMMDD format when policy was acquired or when valid exposure begins.</p>
17	81-82	2	Premium Status as of Earlier of Study End Date or Policy Termination Date	•	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Regular premium paying (including limited pay) • 02 = On waiver of premium • 03 = Paid Up policy –on Non Forfeiture

					<ul style="list-style-type: none"> • 04 = Paid Up policy (single premium or limited pay) • 05 = Other Paid Up
18	83-90	8	Paid-Up Date		<p>If Item 17, Premium Status as of Study End Date, is</p> <ul style="list-style-type: none"> • 03, 04 or 05: enter the paid-up date YYYYMMDD format. <p>Otherwise, leave blank</p>

UNDERWRITING				
19	91-92	2	Covered Person's Type of Underwriting	<p>Select closest item below by intensity where the order from highest intensity to lowest is 01 - 07:</p> <ul style="list-style-type: none"> • 01 = Full medical underwriting with face to face evaluation and telephone interview • 02 = Full medical underwriting with face to face evaluation and no telephone interview • 03 = Full medical underwriting with telephone interview and no face to face evaluation • 04 = Full medical underwriting – detailed history • 05 = Simplified underwriting – limited or no history • 06 = Guaranteed issue/actively at work requirements • 07 = Guaranteed Issue/no actively at work requirements • 09 = Other
20	93-94	2	Cognitive Test Indicator	<p>Indicate whether a cognitive test was performed as part of the underwriting process</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Cognitive test performed • 02 = No cognitive test performed
21	95-96	2	Covered Person's MIB	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Used • 02 = Not used
22	97-98	2	Covered Person's Attending Physician Statement Secured	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Used • 02 = Not used
23	99-100	2	Covered Person's Telephone Interview (personal history interview)	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Used • 02 = Not used
24	101-102	2	Covered Person's Face to Face Assessment (Include Paramed) Secured	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Used • 02 = Not used

BENEFITS				
25	103-104	2	Benefit Payment Type	Identify the method in which claim payments are made for this policy: <ul style="list-style-type: none"> • 00 = Unknown • 01 = Cash (max amount paid out regardless of whether a qualified service was incurred) • 02 = Indemnity (max amount paid out only on days qualified service is received) • 03 = Reimbursement (amount paid out is minimum of [dollar of qualified service incurred, max limit on policy]) • 04 = Other or Combination of above
26	105-106	2	Coverage Type	Identify the LTC coverage provided by this policy: <ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Home Facility Care Only • 02 = Assisted Living Facility Care Only • 03 = Home or Home Health Care Only • 04 = Both Nursing Home and Assisted Living Facilities • 05 = All Other Non-Facility Care or Services • 06 = Comprehensive • 07 = Other
Overall Policy Lifetime Maximum Benefit - All benefit information should current (at the end of the study period or the termination date if terminated prior) except where explicitly noted requesting at issue information				
27	107-108	2	Overall Policy Lifetime Maximum Benefit Indicator	If the lifetime maximum benefit is <ul style="list-style-type: none"> • NOT the same for each benefit provided by this policy: enter '00' • The same for each benefit provided by this policy: enter '01'
28	109-110	2	Shared Benefits Indicator	If the lifetime maximum benefit applies to shared benefits, <ul style="list-style-type: none"> • Enter '01', • Otherwise enter '00'

29	111-112	2	Form of Overall Policy's Lifetime Maximum Benefit	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals '01', enter the number that corresponds to the Form of Policy's Lifetime Maximum Benefit.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Days • 02 = Weeks • 03 = Months • 04 = Years • 05 = Dollars • 06 = Unlimited <p>Otherwise, leave blank.</p>
30	113-122	10	Overall Lifetime Maximum Policy Benefit At Issue	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals '01' and Item 29, Form of Overall Policy Lifetime Maximum Benefit, is</p> <ul style="list-style-type: none"> • '01', '02', '03' or '04', enter the length of time of Lifetime Maximum Policy Benefit for this item. • '05', enter the amount of the Lifetime Maximum Benefit rounded to the nearest dollar. <p>Otherwise, leave blank.</p> <p>Example: For a three year lifetime maximum benefit, Item 29 is '04' and Item 30 is coded as '03'.)</p>
31	123-124	2	Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator	<p>If the Waiting Period / Elimination Period/Deductible Amount is</p> <ul style="list-style-type: none"> • NOT the same for each benefit provided by this policy: enter '00' • The same for each benefit provided by this policy: enter '01'
32	125-126	2	Form of Overall Care Waiting Period / Elimination Period / Deductible Amount	<p>If Item 31, Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator, equals '01', enter the number that corresponds to the Overall Care Waiting Period / Elimination Period / Deductible Amount.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Days/Visits (as defined in the policy) • 02 = Dollars • 03 = None

33	127-136	10	Overall Care Waiting Period / Elimination Period / Deductible Amount	<p>If Item 31, Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator, equals '01' and Item 32, Form of Overall Care Waiting Period / Elimination Period / Deductible Amount, is</p> <ul style="list-style-type: none"> • '01', Enter the length of time of Waiting Period / Elimination Period / Deductible Amount for this item. • '02', Enter the amount of the Overall Care Waiting Period / Elimination Period / Deductible Amount rounded to the nearest dollar. <p>Otherwise, leave blank.</p>
34	137-138	2	Overall Maximum Benefit Unit Indicator	<p>If the Maximum Benefit is</p> <ul style="list-style-type: none"> • NOT the same for each benefit provided by this policy, enter '00'. • The same for each benefit provided by this policy, enter '01'.
35	139-140	2	Overall Type of Maximum Benefit Unit	<p>If Item 34, Overall Maximum Benefit Unit Indicator, equals '01', enter the number that corresponds to the Form of Policy's Maximum Benefit currently (i.e. at the earlier of the policy termination date or the study end date). Otherwise, leave blank.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Daily • 02 = Weekly • 03 = Monthly • 04 = Other Mode
36	141-150	10	Overall Per Unit Maximum Benefit Amount	<p>Enter the current (at the end of the study period or the termination date if terminated prior) Overall Maximum Per Unit Benefit Amount to the nearest dollar.</p> <ul style="list-style-type: none"> • If Item 35, Overall Type of Maximum Benefit Unit is Blank, leave blank.

Nursing Home Facility Care - All benefit information should current (at the end of the study period or the termination date if terminated prior) except where explicitly noted requesting at issue information				
37	151-152	2	Form of Lifetime Maximum Benefit for Nursing Home Facility Care	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals</p> <ul style="list-style-type: none"> • '01', leave blank. • '00', enter form of Lifetime Maximum Benefit for Nursing Home Facility Care (Skilled, Intermediate, Custodial and other facilities - exclude Assisted Living Facilities which is found in a separate section below) <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Days ○ 02 = Weeks ○ 03= Months ○ 04 = Years ○ 05 = Dollars ○ 06 = Unlimited
38	153-162	10	Lifetime Maximum Policy Benefit At Issue – Nursing Home Facility Care	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals '01',</p> <ul style="list-style-type: none"> • Leave blank. <p>If Item 37, Form of Lifetime Maximum Benefit for Nursing Home Facility Care, is</p> <ul style="list-style-type: none"> • '01', '02', '03' or '04', Enter the length of time of Lifetime Maximum Policy Benefit for this item. • '05', Enter the amount of the Lifetime Maximum Benefit rounded to the nearest dollar. <p>Otherwise, leave blank.</p> <p>(Example: For a three year lifetime maximum benefit, Item 37 is '04' and Item 38 is coded as '3'.)</p>
39	163-164	2	Type of Nursing Home Facility Care Waiting Period / Elimination Period / Deductible Amount	<p>If Item 31, Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator, equals '01',</p> <ul style="list-style-type: none"> • Leave blank. <p>If no Nursing Home Facility Care benefit is provided by this policy,</p> <ul style="list-style-type: none"> • Leave blank. <p>Otherwise</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Days/Visits (as defined in the policy) • 02 = Dollars • 03 = None

40	165-174	10	Nursing Home Facility Care Elimination Period / Deductible Amount	<p>If Item 39, Type of Nursing Home Facility Care Waiting Period / Elimination Period/Deductible Amount, is</p> <ul style="list-style-type: none"> • '01', Enter the number of days/visits. • '02', Enter the amount rounded to the nearest dollar. <p>Otherwise, leave blank.</p>
41	175-176	2	Type of Maximum Benefit Unit for Nursing Home Facility Care	<p>If Item 34, Overall Maximum Benefit Unit Indicator, equals '01',</p> <ul style="list-style-type: none"> • Leave blank. <p>If no Nursing Home Facility Care benefit is provided by this policy,</p> <ul style="list-style-type: none"> • Leave blank. <p>Otherwise</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Daily • 02 = Weekly • 03 = Monthly • 04 = Other Mode
42	177-186	10	Maximum Per Unit Benefit Amount for Nursing Home Facility Care	<p>Enter the current (at the end of the study period or the termination date if terminated prior) Maximum Per Unit Benefit Amount to the nearest dollar.</p> <p>If Item 41, Type of Maximum Benefit Unit for Nursing Home Facility Care is Blank, leave blank.</p>
<p>Assisted Living Facility Care - All benefit information should current (at the end of the study period or the termination date if terminated prior) except where explicitly noted requesting at issue information</p>				
43	187-188	2	Form of Lifetime Maximum Benefit for Assisted Living Facility Care	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals '01', leave blank.</p> <p>If Item 27, Overall Policy Lifetime Benefit Indicator, equals '00', enter form of Lifetime Maximum Benefit for Assisted Living Facility Care.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Days • 02 = Weeks • 03 = Months • 04 = Years • 05 = Dollars • 06 = Unlimited

44	189-198	10	Lifetime Maximum Policy Benefit At Issue – Assisted Living Facility Care	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals '01',</p> <ul style="list-style-type: none"> • Leave blank. <p>If Item 43, Form of Lifetime Maximum Benefit for Assisted Living Facility Care, is: '01', '02', '03' or '04',</p> <ul style="list-style-type: none"> • Enter the length of time of Lifetime Maximum Policy Benefit for this item. (Example: For a three year lifetime maximum benefit, Item 43 is '04' and Item 44 is coded as '3'.) <p>If Item 43, Form of Lifetime Maximum Benefit for Assisted Living Facility Care, is '05',</p> <ul style="list-style-type: none"> • Enter the amount of the Lifetime Maximum Benefit rounded to the nearest dollar. <p>Otherwise, leave blank.</p>
45	199-200	2	Type of Assisted Living Facility Care Elimination Period / Waiting Period/Deductible Amount	<p>If Item 31, Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator, equals '01',</p> <ul style="list-style-type: none"> • Leave blank. <p>If no Assisted Living Facility Care benefit is provided by this policy,</p> <ul style="list-style-type: none"> • Leave blank. <p>Otherwise</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Days/Visits (as defined in the policy) • 02 = Dollars • 03 = None
46	201-210	10	Assisted Living Facility Care Elimination Period / Waiting Period/Deductible Amount	<p>If Item 45, Type of Assisted Living Facility Care Waiting Period / Elimination Period/Deductible Amount, is</p> <ul style="list-style-type: none"> • '01', enter the number of days/visits. • '02', enter the amount rounded to the nearest dollar. <p>Otherwise, leave blank.</p>
47	211-212	2	Type of Maximum Benefit Unit for Assisted Living Facility Care	<p>If Item 34, Overall Maximum Benefit Unit Indicator, equals '01',</p> <ul style="list-style-type: none"> • Leave blank. <p>If no Assisted Living Facility Care benefit is provided by this policy, leave blank.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Daily • 02 = Weekly • 03 = Monthly • 04 = Other Mode

48	213-222	10	Maximum Per Unit Benefit Amount for Assisted Living Facility Care	<p>Enter the current (at the end of the study period or the termination date if terminated prior) Maximum Per Unit Benefit Amount to the nearest dollar.</p> <p>If Item 47, Type of Maximum Benefit Unit for Assisted Living Facility Care is Blank, leave blank.</p>
<p>Home and Home Health Care - All benefit information should current (at the end of the study period or the termination date if terminated prior) except where explicitly noted requesting at issue information</p>				
49	223-224	2	Form of Lifetime Maximum Benefit for Home and Home Health Care	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals</p> <ul style="list-style-type: none"> • '01', leave blank. • '00', enter form of Lifetime Maximum Benefit Home and Home Health Care <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Days ○ 02 = Weeks ○ 03 = Months ○ 04 = Years ○ 05 = Dollars ○ 06 = Unlimited
50	225-234	10	Lifetime Maximum Policy Benefit At Issue – Home and Home Health Care	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals '01',</p> <ul style="list-style-type: none"> • Leave blank. <p>If Item 49, Form of Lifetime Maximum Benefit for Home and Home Health Care, is: '01', '02', '03' or '04',</p> <ul style="list-style-type: none"> • Enter the length of time of Lifetime Maximum Policy Benefit for this item. (Example: For a three year lifetime maximum benefit, Item 49 would be coded as '04' and Item 50 would be coded as '3'.) <p>If Item 49, Form of Lifetime Maximum Benefit for Home and Home Health Care, is '05',</p> <ul style="list-style-type: none"> • Enter the amount of the Lifetime Maximum Benefit rounded to the nearest dollar. <p>Otherwise, leave blank.</p>

51	235-236	2	Type of Home and Home Health Care Elimination Period / Waiting Period/Deductible Amount)	<p>If Item 31, Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator,</p> <ul style="list-style-type: none"> • Equals '01', leave blank. <p>If no Home and Home Health Care benefit is provided by this policy, leave blank.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Days/Visits (as defined in the policy) • 02 = Dollars • 03 = None
52	237-246	10	Home and Home Health Care Elimination Period/Deductible Amount	<p>If Item 51, Type of Home and Home Health Care Waiting Period / Elimination Period/Deductible Amount, is</p> <ul style="list-style-type: none"> • '01', enter the number of days/visits. • '02', enter the amount rounded to the nearest dollar. <p>Otherwise, leave blank.</p>
53	247-248	2	Type of Maximum Benefit Unit for Home and Home Health Care	<p>If Item 34, Overall Maximum Benefit Unit Indicator, equals</p> <ul style="list-style-type: none"> • '01', leave blank. <p>If no Home and Home Health Care benefit is provided by this policy, leave blank.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Daily • 02 = Weekly • 03 = Monthly • 04 = Other Mode
54	249-258	10	Maximum Per Unit Benefit Amount for Home and Home Health Care	<p>Enter the current (at the end of the study period or the termination date if terminated prior) Maximum Per Unit Benefit Amount to the nearest dollar.</p> <p>If Item 53, Type of Maximum Benefit Unit for Home and Home Health Care is Blank, leave blank.</p>

All Other Non-Facility Care - All benefit information should current (at the end of the study period or the termination date if terminated prior) except where explicitly noted requesting at issue information				
55	259-260	2	Form of Lifetime Maximum Benefit for All Other Non-Facility Care or Services	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals</p> <ul style="list-style-type: none"> • '01', leave blank. • '00', enter form of Lifetime Maximum Benefit for All Other Non-Facility Care. <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Days ○ 02 = Weeks ○ 03 = Months ○ 04 = Years ○ 05 = Dollars ○ 06 = Unlimited
56	261-270	10	Lifetime Maximum Benefit for All Other Non-Facility Care or Services At Issue	<p>If Item 27, Overall Policy Lifetime Maximum Benefit Indicator, equals '01',</p> <ul style="list-style-type: none"> • Leave blank. <p>If Item 55, Form of Lifetime Maximum Benefit for All Other Non-Facility Care or Services, is: '01', '02', '03' or '04',</p> <ul style="list-style-type: none"> • Enter the length of time of Lifetime Maximum Policy Benefit for this item. (Example: For a three year lifetime maximum benefit, Item 55 would be coded as '04' and Item 56 would be coded as '3'.) <p>If Item 55, Form of Lifetime Maximum Benefit for All Other Non-Facility Care or Services, is '05',</p> <ul style="list-style-type: none"> • Enter the amount of the Lifetime Maximum Benefit rounded to the nearest dollar. <p>Otherwise, leave blank.</p>
57	271-272	2	Type of All Other Non-Facility Care or Services Type of Elimination Period / Waiting Period/Deductible Amount	<p>If Item 33, Overall Care Waiting Period / Elimination Period / Deductible Amount Indicator, equals '01',</p> <ul style="list-style-type: none"> • leave blank. <p>If no All Other Non-Facility Care or Services benefit is provided by this policy,</p> <ul style="list-style-type: none"> • leave blank. • Otherwiser <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Days/Visits (as defined in the policy) ○ 02 = Dollars ○ 03 = None

58	273-282	10	All Other Non-Facility Care or Services Type of Elimination Period / Waiting Period/Deductible Amount	If Item 57, Type of All Other Non-Facility Care or Services Type of Elimination Period / Waiting Period/Deductible Amount, is <ul style="list-style-type: none"> • '01', enter the number of days/visits. • '02', enter the amount rounded to the nearest dollar. Otherwise, leave blank.
59	283-284	2	Type of Maximum Benefit Unit for All Other Non-Facility Care or Services	If Item 34, Overall Maximum Benefit Unit Indicator, equals '1', <ul style="list-style-type: none"> • Leave blank. If no All Other Non-Facility Care or Services benefit is provided by this policy, <ul style="list-style-type: none"> • Leave blank. • Otherwise <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Daily ○ 02 = Weekly ○ 03 = Monthly ○ 04 = Other Mode
60	285-294	10	Maximum Per Unit Benefit Amount for All Other Non-Facility Care or Services	Enter the current (at the end of the study period or the termination date if terminated prior) Maximum Per Unit Benefit Amount to the nearest dollar. <p>If Item 59, Type of Maximum Benefit Unit for All Other Non-Facility Care or Services is Blank, leave blank.</p>
OTHER PROVISIONS				
61	295-296	2	Inflation Protection Provision	Does this policy have a mechanism to increase policy benefits after issue without underwriting? <ul style="list-style-type: none"> • 00 = Unknown • 01 = No inflation protection • 02 = GPO (Guaranteed Purchase Option) • 03 = CPI Indexed • 04 = 5% Simple for life • 05 = 5% Compound for life • 06 = 3% Simple for life • 07 = 3% Compound for life <p>Use a distinct code for other forms of inflation protection and provide us with descriptions</p>

62	297-298	2	Inflation Protection Duration	Duration of inflation protection provision. <ul style="list-style-type: none"> • 00 = Unknown • 01 = No inflation protection • 02 = Lifetime • 03 = Duration less than lifetime (e.g. 15 years)
63	299-306	8	Date of Last GPO Increase	Enter the date of the last GPO date in YYYYMMDD format. Leave blank if Item 61 is not '02'
64	307-316	10	Amount of Last GPO Increase	Enter the amount of the last GPO increase. Leave blank if Item 61 is not '02'
65	371-318	2	Restoration of Benefits	Does this policy have a restoration of benefits provision? <ul style="list-style-type: none"> • 00 = Unknown • 01 = Yes • 02 = No
POLICY STATUS				
66	319-320	2	Inforce Indicator	<ul style="list-style-type: none"> • 00 = Not inforce at end of the study period • 01 = Inforce at the end of the study period
67	321-328	8	Policy Termination Date	If Item 66, Inforce Indicator, is <ul style="list-style-type: none"> • '01', leave blank. • '00', enter the numerical policy termination date in YYYYMMDD format.
68	329-330	2	Policy Termination Cause	If Item 66, Inforce Indicator, is <ul style="list-style-type: none"> • '01', leave blank. • '00': <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Terminated - non-payment of premiums (other than 06 below) ○ 02 = Terminated - expiration of benefits ○ 03 = Terminated - death ○ 04 = Terminated - termination of the group ○ 05 = Terminated - conversion ○ 06 = Terminated - rate increase reasons, including election of contingent nonforfeiture benefits ○ 07 = Terminated - other reasons

CHANGES IN BENEFITS - This section requests information regarding elective changes in benefit provisions that may have occurred during the specified study period for this policy				
69	332-332	2	Benefit Provision Change	Has there been a benefit provision change associated with this policy (excluding changes due to rate increases) <ul style="list-style-type: none"> • 00=Unknown • 01=Yes • 02=No
70	333-340	8	Benefit Provision Change Date	If field 67 is '00' then leave blank. Otherwise enter the numerical date of the benefit period change in YYYYMMDD format.
71	341-342	2	Elimination Period Change	If Item 69, Benefit Provision Change, is <ul style="list-style-type: none"> • '02', leave blank Otherwise, has there been an elimination period change associated with this policy? <ul style="list-style-type: none"> • 00=Unknown • 01=Yes • 02=No • 09=NA
72	343-344	2	Benefit Amount Change	If Item 69, Benefit Provision Change, is <ul style="list-style-type: none"> • '02', leave blank Otherwise, has there been a benefit amount change associated with this policy? <ul style="list-style-type: none"> • 00=Unknown • 01=Yes • 02=No • 09=NA
73	345-346	2	Benefit Period Change	If Item 69, Benefit Provision Change, is <ul style="list-style-type: none"> • '02', leave blank Otherwise, if the current (i.e. the end of the study period) benefit period constitutes a change from either the original benefit period or a benefit period at some point prior to the end of the study period, then enter: <ul style="list-style-type: none"> • 00=Unknown • 01=Yes • 02=No • 09=NA
74	347-354	8	Benefit Period Change Date	If field 73, Benefit Period Change is '00', '02', or '09' then leave blank. Otherwise enter the numerical date of the benefit period change in YYYYMMDD format.

75	355-356	2	Inflation Protection Change	<p>If Item 69, Benefit Provision Change, is</p> <ul style="list-style-type: none"> • '02', leave blank <p>Otherwise, has there been a inflation protection change associated with this policy?</p> <ul style="list-style-type: none"> • 00=Unknown • 01=Yes • 02=No • 09=NA
76	357-358	2	Level of Care Change (ex: change from NH Facility only benefit to NH + HC benefit)	<p>If Item 69, Benefit Provision Change, is</p> <ul style="list-style-type: none"> • '02', leave blank <p>Otherwise, has there been a level of care change associated with this policy?</p> <ul style="list-style-type: none"> • 00=Unknown • 01=Yes • 02=No • 09=NA
<p>PREMIUM CHARACTERISTICS - Note that this information should reflect characteristics at time of issue. Also note that any premium that covers multiple lives (ex: EE/Spouse) should be split and reflected in the appropriate record to prevent double counting of premium.</p>				
77	359-360	2	Premium Class	<p>Do not report Marital Discount here.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Standard – your 100% table • 02 = Preferred (premium rate lower than Standard) • 03 = Substandard (premium rate greater than Standard)
78	361-362	2	Insured's resident state at issue	Enter the two-letter abbreviation of the state or territory
79	363-364	2	Insured's resident state currently	Enter the two-letter abbreviation of the state or territory
80	365-369	5	Zip Code of Insured's Residence Address at Issue	Enter the 5 digit Zip Code
81	370-374	5	Zip Code of Insured's Residence Address Currently	Enter the 5 digit Zip Code
82	375-376	2	Marital Status at Issue	<ul style="list-style-type: none"> • 00 = Unknown • 01= Married • 02 = Not married

83	377-378	2	Marital Premium Discount	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Two Insurables discount • 02 = One Insurable discount (“married” discount) • 03 = No discount
84	379-380	2	Smoking Status at Issue	<p>Use your company definition including other uses of tobacco</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Non-smoker/non-User • 02 = Smoker/User
85	381-382	2	Premium Payment Frequency (Code frequency whether premiums are payable for a limited period or for life)	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Annually • 02 = Semi-annually • 03 = Quarterly • 04 = Monthly • 05 = Payroll deduction at times other than annually, semi-annually, quarterly or monthly • 06 = Paid Up • 07 = Other
86	383-384	2	Payor	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Insured paid all • 02 = Insured and Sponsor each pay something • 03 = Sponsor paid all
87	385-391	7	Periodic Premium Payment Amount	<p>If Item 85, Premium Payment Frequency, is '00', enter annual premium as of point of sale for new issue rounded to the nearest dollar.</p> <p>Otherwise, provide modal premium corresponding to Item 85, Premium Payment Frequency, rounded to the nearest dollar.</p> <p>If annualized premium is used instead of modal premium, inform the compiler in writing.</p> <p>If the premium provided is other than the premium as of point of sale for new issue, inform the compiler in writing.</p>

88	392-393	2	Billing Type	<ul style="list-style-type: none"> • 00 = Unknown • 01= Payroll Deduction • 02 = Credit Card • 03 = Electronic Fund Transfer (e.g., automatic checking) • 04 = Direct Bill • 05 = Pension Deduction • 06 = Other
89	394-395	2	Premium Payment Period	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Lifetime Payments (any Frequency) • 02 = Single Payment at Issue • 03 = Limited Pay – 10 years • 04 = Limited Pay – to age 65 • 05 = Limited Pay – Other
PREMIUM RATE INCREASES - Note that this information should reflect current premium characteristics of the policy, as of the end of the study period or the termination date if prior.				
90	396-397	2	Premium Rate Increases	<p>Was there a rate increase during the exposure period for this policy? (Note that increases due to Guaranteed Purchase Option should not be counted here)</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Yes • 02 = No
91	398-399	2	Paid up option indicator	<p>If field 90 is either '00' or '02, leave blank. Otherwise indicate whether a paid up option was offered in conjunction with rate increases:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Yes • 02 = No

92	400-401	2	Current Premium Payment Frequency	<p>If Item 90, Premium Rate Increases, is</p> <ul style="list-style-type: none"> • '02', leave blank <p>Otherwise:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Annually • 02 = Semi-annually • 03 = Quarterly • 04 = Monthly • 05 = Payroll deduction at times other than annually, semi-annually, quarterly or monthly • 06 = Paid Up • 07 = Other • 09 = NA
93	402-408	7	Current Periodic Premium Payment Amount	<p>If Item 92, Current Premium Payment Frequency, is '00', enter annual premium as of point of sale for new issue rounded to the nearest dollar.</p> <p>If Item 90, Premium Rate Increases, is '02', leave Blank.</p> <p>Otherwise, provided modal premium as specified in Item 90, Current Premium Payment Frequency, rounded to the nearest dollar.</p> <p>If annualized premium is used instead of modal premium, inform the compiler in writing.</p>
<p>CHANGES IN BENEFITS DUE TO RATE INCREASES - This section requests information regarding changes in benefit provisions that occurred during the specified study period due to <i>rate increase action</i></p>				
94	409-410	2	Benefit Provision Change	<p>If Item 88, Premium Rate Increases, is</p> <ul style="list-style-type: none"> • '00' or '02', leave blank <p>Otherwise,</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Yes • 02 = No • 09 = NA
95	411-412	2	Elimination Period Change	<p>If Item 94, Benefit Provision Change, is</p> <ul style="list-style-type: none"> • '01', enter: <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Yes ○ 02 = No • Otherwise, leave blank.

96	413-414	2	Benefit Amount Change	If Item 94, Benefit Provision Change, is <ul style="list-style-type: none"> • '01', enter: <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Yes ○ 02 = No • Otherwise, leave blank.
97	415-416	2	Benefit Period Change	If Item 94, Benefit Provision Change, is <ul style="list-style-type: none"> • '01', enter: <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Yes ○ 02 = No • Otherwise, leave blank.
98	417-418	2	Inflation Protection Change	If Item 94, Benefit Provision Change, is <ul style="list-style-type: none"> • '01', enter: <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Yes ○ 02 = No • Otherwise, leave blank.
99	419-420	2	Level of Care Change (ex: change from NH Facility only benefit to NH + HC benefit)	If Item 94, Benefit Provision Change, is <ul style="list-style-type: none"> • '01', enter: <ul style="list-style-type: none"> ○ 00 = Unknown ○ 01 = Yes ○ 02 = No • Otherwise, leave blank.
CLAIM CHARACTERISTICS - Note that this information will be blank unless a paid claim was incurred during the study period {ONLY PAID CLAIMS are considered here}. Multiple dates can be entered in the event that a policy has had multiple claims during the exposure period.				
100	421-422	2	On Claim at the Beginning of the Study	If the covered person under this policy was on claim at the beginning of the study period, 1/1/2000, then code '01' else code '02'.
101	423-430	8	Initial Claim Termination Date	If Item 100 is coded as '01', then provide the termination date associated with that claim in the form YYYYMMDD . If the policy remained on claim during the entire study period, then leave blank.

102	431-432	2	Initial Service Location Type, Claim 1	<p>Provide the initial service location for this particular claim.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Home Facility Care • 02 = Assisted Living Facility Care • 03 = Home Health Care • 04 = Other Non-Facility Care <p>Note that this should only be coded as 04 if the claim never received a benefit for care in locations 01-03. If initial location was 04, but care was eventually received in 01-03 then code this field in a way that corresponds with the first service location besides 04.</p>
103	433-437	5	Original Precipitating ICD-9-CM or ICD10-CM Diagnosis, Claim 1	Original Precipitating Diagnosis (eg fall/injury or heart attack/stroke) in whichever of ICD9 or ICD10 was used for the claim
104	438-442	5	Primary Underlying Condition ICD-9-CM or ICD-10-CM Diagnosis, Claim 1	Primary Underlying Condition (eg osteoporosis or diabetes) in whichever of ICD9 or ICD10 was used for the claim
105	443-450	8	Claim Incurred Date for Claim 1	<p>Enter the numeric date of claim incurred date in YYYYMMDD format for Claim 1.</p> <p>Date when covered person became Benefit Eligible - (under policy definition; start of Elimination Period, if any).</p>
106	451-458	8	Date of Termination for Claim 1	<p>If claim is still active at end of study period, leave blank.</p> <p>Otherwise, enter the date of termination in YYYYMMDD format.</p> <p>Termination date definition should refer to the last day of disability indemnified by the policy.</p>
107	459-460	2	Initial Service Location Type, Claim 2	<p>Provide the initial service location for this particular claim.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Home Facility Care • 02 = Assisted Living Facility Care • 03 = Home Health Care • 04 = Other Non-Facility Care <p>Note that this should only be coded as 04 if the claim never received a benefit for care in locations 01-03. If initial location was 04, but care was eventually received in 01-03 then code this field in a way that corresponds with the first service location besides 04.</p>

108	461-465	5	Original Precipitating ICD-9-CM or ICD10-CM Diagnosis, Claim 2	Original Precipitating Diagnosis (eg fall/injury or heart attack/stroke) in whichever of ICD9 or ICD10 was used for the claim
109	466-470	5	Primary Underlying Condition ICD-9-CM or ICD-10-CM Diagnosis, Claim 2	Primary Underlying Condition (eg osteoporosis or diabetes) in whichever of ICD9 or ICD10 was used for the claim
110	470-478	8	Claim Incurred Date for Claim 2	Enter the numeric date of claim incurred date in YYYYMMDD format for Claim 2. Date when covered person became Benefit Eligible - (under policy definition; start of Elimination Period, if any).
111	479-486	8	Date of Termination for Claim 2	If claim is still active at end of study period, leave blank. Otherwise, enter the date of termination in YYYYMMDD format. Termination date definition should refer to the last day of disability indemnified by the policy.
112	487-488	2	Initial Service Location Type, Claim 3	Provide the initial service location for this particular claim. <ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Home Facility Care • 02 = Assisted Living Facility Care • 03 = Home Health Care • 04 = Other Non-Facility Care Note that this should only be coded as 04 if the claim never received a benefit for care in locations 01-03. If initial location was 04, but care was eventually received in 01-03 then code this field in a way that corresponds with the first service location besides 04.
113	489-493	5	Original Precipitating ICD-9-CM or ICD10-CM Diagnosis, Claim 3	Original Precipitating Diagnosis (eg fall/injury or heart attack/stroke) in whichever of ICD9 or ICD10 was used for the claim.
114	494-498	5	Primary Underlying Condition ICD-9-CM or ICD-10-CM Diagnosis, Claim 3	Primary Underlying Condition (eg osteoporosis or diabetes) in whichever of ICD9 or ICD10 was used for the claim.
115	499-506	8	Claim Incurred Date for Claim 3	Enter the numeric date of claim incurred date in YYYYMMDD format for Claim 3. Date when covered person became Benefit Eligible - (under policy definition; start of Elimination Period, if any).

116	507-514	8	Date of Termination for Claim 3	If claim is still active at end of study period, leave blank. Otherwise, enter the date of termination in YYYYMMDD format. Termination date definition should refer to the last day of disability indemnified by the policy.
117	515-516	2	Initial Service Location Type, Claim 4	Provide the initial service location for this particular claim. <ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Home Facility Care • 02 = Assisted Living Facility Care • 03 = Home Health Care • 04 = Other Non-Facility Care Note that this should only be coded as 04 if the claim never received a benefit for care in locations 01-03. If initial location was 04, but care was eventually received in 01-03 then code this field in a way that corresponds with the first service location besides 04.
118	517-521	5	Original Precipitating ICD-9-CM or ICD10-CM Diagnosis, Claim 4	Original Precipitating Diagnosis (eg fall/injury or heart attack/stroke) in whichever of ICD9 or ICD10 was used for the claim.
119	522-526	5	Primary Underlying Condition ICD-9-CM or ICD-10-CM Diagnosis, Claim 4	Primary Underlying Condition (eg osteoporosis or diabetes) in whichever of ICD9 or ICD10 was used for the claim.
120	527-534	8	Claim Incurred Date for Claim 4	Enter the numeric date of claim incurred date in YYYYMMDD format for Claim 4. Date when covered person became Benefit Eligible - (under policy definition; start of Elimination Period, if any).
121	535-542	8	Date of Termination for Claim 4	If claim is still active at end of study period, leave blank. Otherwise, enter the date of termination in YYYYMMDD format. Termination date definition should refer to the last day of disability indemnified by the policy.

122	543-544	2	Initial Service Location Type, Claim 5	<p>Provide the initial service location for this particular claim.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Home Facility Care • 02 = Assisted Living Facility Care • 03 = Home Health Care • 04 = Other Non-Facility Care <p>Note that this should only be coded as 04 if the claim never received a benefit for care in locations 01-03. If initial location was 04, but care was eventually received in 01-03 then code this field in a way that corresponds with the first service location besides 04.</p>
123	545-549	5	Original Precipitating ICD-9-CM or ICD10-CM Diagnosis, Claim 5	Original Precipitating Diagnosis (eg fall/injury or heart attack/stroke) in whichever of ICD9 or ICD10 was used for the claim.
124	550-554	5	Primary Underlying Condition ICD-9-CM or ICD-10-CM Diagnosis, Claim 5	Primary Underlying Condition (eg osteoporosis or diabetes) in whichever of ICD9 or ICD10 was used for the claim.
125	555-562	8	Claim Incurred Date for Claim 5	<p>Enter the numeric date of claim incurred date in YYYYMMDD format for Claim 5.</p> <p>Date when covered person became Benefit Eligible - (under policy definition; start of Elimination Period, if any).</p>
126	563-570	8	Date of Termination for Claim 5	<p>If claim is still active at end of study period, leave blank.</p> <p>Otherwise, enter the date of termination in YYYYMMDD format</p> <p>Termination date definition should refer to the last day of disability indemnified by the policy.</p>
127	571-572	2	Initial Service Location Type, Claim 6	<p>Provide the initial service location for this particular claim.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Home Facility Care • 02 = Assisted Living Facility Care • 03 = Home Health Care • 04 = Other Non-Facility Care <p>Note that this should only be coded as 04 if the claim never received a benefit for care in locations 01-03. If initial location was 04, but care was eventually received in 01-03 then code this field in a way that corresponds with the first service location besides 04.</p>

128	573-577	5	Original Precipitating ICD-9-CM or ICD10-CM Diagnosis, Claim 6	Original Precipitating Diagnosis (eg fall/injury or heart attack/stroke) in whichever of ICD9 or ICD10 was used for the claim.
129	578-582	5	Primary Underlying Condition ICD-9-CM or ICD-10-CM Diagnosis, Claim 6	Primary Underlying Condition (eg osteoporosis or diabetes) in whichever of ICD9 or ICD10 was used for the claim.
130	583-590	8	Claim Incurred Date for Claim 6	Enter the numeric date of claim incurred date in YYYYMMDD format for Claim 6. Date when covered person became Benefit Eligible - (under policy definition; start of Elimination Period, if any).
131	591-598	8	Date of Termination for Claim 6	If claim is still active at end of study period, leave blank. Otherwise, enter the date of termination in YYYYMMDD format Termination date definition should refer to the last day of disability indemnified by the policy.
132	599-600	2	Initial Service Location Type, Claim 7	Provide the initial service location for this particular claim. <ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Home Facility Care • 02 = Assisted Living Facility Care • 03 = Home Health Care • 04 = Other Non-Facility Care Note that this should only be coded as 04 if the claim never received a benefit for care in locations 01-03. If initial location was 04, but care was eventually received in 01-03 then code this field in a way that corresponds with the first service location besides 04.
133	601-605	5	Original Precipitating ICD-9-CM or ICD10-CM Diagnosis, Claim 7	Original Precipitating Diagnosis (eg fall/injury or heart attack/stroke) in whichever of ICD9 or ICD10 was used for the claim.
134	606-610	5	Primary Underlying Condition ICD-9-CM or ICD-10-CM Diagnosis, Claim 7	Primary Underlying Condition (eg osteoporosis or diabetes) in whichever of ICD9 or ICD10 was used for the claim.
135	611-618	8	Claim Incurred Date for Claim 7	Enter the numeric date of claim incurred date in YYYYMMDD format for Claim 7. Date when covered person became Benefit Eligible - (under policy definition; start of Elimination Period, if any).

136	619-626	8	Date of Termination for Claim 7	If claim is still active at end of study period, leave blank. Otherwise, enter the date of termination in YYYYMMDD format Termination date definition should refer to the last day of disability indemnified by the policy.
-----	---------	---	---------------------------------	--

Claim Terminations

One record for each covered person on a policy and each payment

ITEM	COL	LEN	DATA ELEMENT	DESCRIPTION
CLAIM INFORMATION – Each contributing company is to submit one coded ‘Claim Record’ for each claim payment that was processed/paid during the observation period. All benefit days, benefit visits and other service benefits recorded on each payment record should correspond identically with the claim dollars reported on this record.				
1	1-5	5	Company Code	If not known, can be secured from the Compiler
2	6-25	20	Claim Identifier	Any unique identifying number to each claim assigned by insurer. IN ORDER TO PRESERVE DATA PRIVACY, PLEASE DO NOT PROVIDE THE ACTUAL CLAIM NUMBER. NOTE: If a covered person has multiple claims, each claim must have a unique identifier.
3	26-29	4	Claim Payment Sequence Number	Unique identifier for each payment of a claim. Example: 0001 for first payment, 0002 for second payment, etc.
4	30-49	20	Policy Identifier	Any unique identifying number assigned by insurer. Left justify the number and blank fill the empty columns. IN ORDER TO PRESERVE DATA PRIVACY, PLEASE DO NOT PROVIDE THE ACTUAL CONTRACT OR POLICY NUMBER. NOTE: This identifier must be unique for each policy (not each person) and the same identifier as in the policy file for the same person.

5	50-51	2	Covered Person Identifier	<p>The covered person in this record for whom the claim was paid.</p> <p>This can be the insured, spouse/partner, child, dependent parent, in-law or relative covered under this policy or as a rider to this policy.</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Insured – primary person to whom policy is issued • 02 = Spouse/Partner • 03 = Child • 04 = Dependent Parent • 05 = In-Law • 06 = Relative • 07 = Other
6	52-59	8	Covered Person's Date of Birth	For the covered person indicated in Item 5, Covered Person Identifier, enter the numeric date of birth in YYYYMMDD format.
7	60-62	3	Covered Person's Issue Age	Enter the issue age for the person covered under this policy. If a shared policy, enter the oldest issue age.
8	63-64	2	Issue Age Basis	Enter the issue age basis for the policy: <ul style="list-style-type: none"> • 00 = Unknown • 01 = Age Last Birthday • 02 = Age Nearest Birthday
9	65-66	2	Covered Person's Gender	For the covered person in Item 5, Covered Person Identifier : <ul style="list-style-type: none"> • 00 = Unknown • 01 = Female • 02 = Male
10	67-74	8	Date of Issue	Enter the numeric date of issue of policy in YYYYMMDD format
11	75-76	2	Acquisition / Exposure Validity Indicator	<ul style="list-style-type: none"> • 00 = Record exposure valid or not acquired during exposure period. • 01 = Record for policy acquired after 1/1/2000, or if the record exposure is not valid until after 1/1/2000
12	77-78	2	Policy Acquisition Type	<p>If Item 11 is '01' and the policy was acquired:</p> <ul style="list-style-type: none"> • 00 = both active and terminated policies were acquired • 01 = only active policies were acquired <p>Otherwise, leave blank.</p>

13	79-86	8	Acquisition or Exposure Validity Date	If Item 11 is '01' and either Item 12 is '01' or the record exposure was not valid until after 1/1/2000, enter the date in YYYYMMDD format when policy was acquired or when valid exposure begins.
14	87-91	5	Zip Code of Insured's Residence Address at Issue	Enter the 5 digit Zip Code
15	92-96	5	Zip Code of Insured's Residence at time of claim submission	Enter the 5 digit Zip Code
16	97-104	8	Claim Incurred Date	Enter the numeric date of claim incurred date in YYYYMMDD format. Date when covered person became Benefit Eligible - (under policy definition; start of Elimination Period, if any).
17	105-112	8	Claim Payment Date	Enter the numeric date of in which this claim payment was made in YYYYMDD format
18	113-120	8	Service Begin Date	Enter the first date for which care/service is covered by this claim payment record in YYYYMDD format
19	121-122	2	Claim Status	Status of claim after payment was made: <ul style="list-style-type: none"> • 00 = Unknown • 01 = Closed, recovery • 02 = Closed, death • 03 = Closed, benefit expiry • 04 = Closed, transfer to non-covered level of care • 05 = Closed, reason other than above; also could be due to pre-existing condition rescission, misrepresentation • 06 = Open, future payments are expected
20	123-130	8	Service End Date	Enter the last date of service covered by this payment in YYYYMMDD format.
21	131-138	8	Date of End of Claim Observation Period	Enter date of end of claim observation period in YYYYMMDD format If Unknown, leave blank.

22	139-140	2	Level of Care for this Payment	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Facility (skilled, intermediate, custodial) • 02 = Assisted Living Facility • 03 = Home Care/Home Health Care • 04 = All Other non-facility and non-Home Care • 05 = Multiple Levels • 06 = Other
23	141-142	2	Original Level of Care for this claim	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Nursing Facility (skilled, intermediate, custodial) • 02 = Assisted Living Facility • 03 = Home Care/Home Health Care • 04 = All Other non-facility and non-Home Care • 05 = Multiple Levels • 06 = Other
<p>For Items 24 through the end of the record, if you cannot provide one record per claim payment, you may use a composite record per claimant.</p>				
24	143-144	2	Composite Record Indicator	<ul style="list-style-type: none"> • 01 = Composite record per claimant • 02 = One record per claim payment
25	145-148	4	Benefit Days for this Claim Payment - Nursing Home Facility Care	Number of days of Nursing Home Facility Care
26	149-152	4	Benefit Days for this Claim Payment - Assisted Living Facility Care	Number of days of Assisted Living Care
27	153-156	4	Benefit Days for this Claim Payment - Home & Home Health Care	Number of days of Home Care/Home Health visits
28	157-160	4	Benefit Days for this Claim Payment - All Other Non-Facility Care or Services	Number of all Non-facility care or service payments (other than home or home health care)
29	161-164	4	Benefit Days for this Claim Payment - All Coverages	Total number of Days/Visits/Services under this payment
30	165-171	7	Benefit Dollars Paid for this Claim Payment – Nursing Home Facility Care	Enter amount rounded to the nearest dollar for benefit dollars paid for Nursing Home Facility benefits

31	172-178	7	Benefit Dollars Paid for this Claim Payment – Assisted Living Facility Care	Enter amount rounded to the nearest dollar for benefit dollars paid for Assisted Living Facility benefits
32	179-185	7	Benefit Dollars Paid for this Claim Payment – Home and Home Health Care	Enter amount rounded to the nearest dollar for benefit dollars paid for Home/health care benefits
33	186-192	7	Benefit Dollars Paid for this Claim Payment – All Other Non-Facility Care or Services	Enter amount rounded to the nearest dollar for benefit dollars paid for All Other Non Facility Benefits
34	193-199	7	Benefit Dollars Paid for this Claim Payment – All Coverages	This amount represents all benefits paid under this one claim payment record for all Days/Visits/Services
35	200-204	5	Original Precipitating ICD-9-CM or ICD10-CM Diagnosis	Original Precipitating Diagnosis (eg fall/injury or heart attack/stroke) in whichever of ICD9 or ICD10 was used for the claim
36	205-209	5	Primary Underlying Condition ICD-9-CM or ICD-10-CM Diagnosis	Primary Underlying Condition (eg osteoporosis or diabetes) in whichever of ICD9 or ICD10 was used for the claim
37	210-211	2	Benefit Eligibility satisfied	<p>What is the reason that the covered person is eligible for benefits under the insurance?</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failure of ADLs • 02 = Cognitive failure • 03 = Failure of both ADLs and Cognition • 04 = Medical Necessity/Physician Determination • 05 = Failure of ADLs, Cognition and Medical Necessity • 09 = Other
38	212-213	2	Marital Status at Time that Claim Incurred	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Married • 02 = Not married
39	214-215	2	Cognitive Impairment	<ul style="list-style-type: none"> • 00 = Unknown • 01 = Yes • 02 = No
40	216-217	2	ADL: Eating	<p>Failure of this ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral

41	218-219	2	ADL: Dressing	<p>Failure of this ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral
42	220-221	2	ADL: Bathing	<p>Failure of this ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral
43	222-223	2	ADL: Mobility/Walking	<p>Failure of this ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral
44	224-225	2	ADL: Transferring	<p>Failure of this ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral
45	226-227	2	ADL: Toileting	<p>Failure of this ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral
46	228-229	2	ADL: Contenance	<p>Failure of this ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral
47	230-231	2	ADL: Taking Medication	<p>Failure of this ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral
48	232-233	2	ADL: Other	<p>Failure of another ADL for the claimant at the time of original claim incurral:</p> <ul style="list-style-type: none"> • 00 = Unknown • 01 = Failed at time of incurral • 02 = Not failed at time of incurral

49	234-235	2	Coordination/Offset with Medicare	<ul style="list-style-type: none"> • 00 = Unknown • 01 = yes • 02 = no
50	236-237	2	Coordination/Offset with other coverage	<ul style="list-style-type: none"> • 00 = Unknown • 01 = yes • 02 = no
51	238-239	2	On Waiver of Premium	<ul style="list-style-type: none"> • 00 = Unknown • 01 = yes • 02 = no

Supplemental Questionnaire

1. Describe the elements of the underwriting program for each period with distinct criteria, including the tests used (medical, mobility observation, cognitive, delayed word recall, etc.), the ages to which various criteria apply if applicable, Attending Physician Statements, MIB reports, etc.
2. For each period with distinct underwriting criteria, provide the starting and ending dates to which the criteria applied.
3. Provide dates when each set of underwriting criteria applied
4. Provide a list of plan codes and the number of underwriting classes associated with each plan code.
5. Describe how you define when a claim opens and closes (e.g. after elimination period if no activity after 180 days the claim is deemed to have been closed, etc).
6. Indicate whether you are using ICD-9 or ICD-10, or some combination, to identify the diagnosis at time of claim
7. Provide the status dates (i.e. the 'as of' date) that the files were based on, and the date the "current" benefits are as of if not the end of the study period.

About The Society of Actuaries

The Society of Actuaries (SOA), formed in 1949, is one of the largest actuarial professional organizations in the world dedicated to serving 24,000 actuarial members and the public in the United States, Canada and worldwide. In line with the SOA Vision Statement, actuaries act as business leaders who develop and use mathematical models to measure and manage risk in support of financial security for individuals, organizations and the public.

The SOA supports actuaries and advances knowledge through research and education. As part of its work, the SOA seeks to inform public policy development and public understanding through research. The SOA aspires to be a trusted source of objective, data-driven research and analysis with an actuarial perspective for its members, industry, policymakers and the public. This distinct perspective comes from the SOA as an association of actuaries, who have a rigorous formal education and direct experience as practitioners as they perform applied research. The SOA also welcomes the opportunity to partner with other organizations in our work where appropriate.

The SOA has a history of working with public policymakers and regulators in developing historical experience studies and projection techniques as well as individual reports on health care, retirement, and other topics. The SOA's research is intended to aid the work of policymakers and regulators and follow certain core principles:

Objectivity: The SOA's research informs and provides analysis that can be relied upon by other individuals or organizations involved in public policy discussions. The SOA does not take advocacy positions or lobby specific policy proposals.

Quality: The SOA aspires to the highest ethical and quality standards in all of its research and analysis. Our research process is overseen by experienced actuaries and non-actuaries from a range of industry sectors and organizations. A rigorous peer-review process ensures the quality and integrity of our work.

Relevance: The SOA provides timely research on public policy issues. Our research advances actuarial knowledge while providing critical insights on key policy issues, and thereby provides value to stakeholders and decision makers.

Quantification: The SOA leverages the diverse skill sets of actuaries to provide research and findings that are driven by the best available data and methods. Actuaries use detailed modeling to analyze financial risk and provide distinct insight and quantification. Further, actuarial standards require transparency and the disclosure of the assumptions and analytic approach underlying the work.

Society of Actuaries
475 N. Martingale Road, Suite 600
Schaumburg, Illinois 60173
www.SOA.org