

Form Filing Checklist – Long-Term Care Insurance

TOI: LTC02G and I - Home Health Care
 LTC03G and I - Nursing Home, Home Health Care, Assisted Living and Adult Day Care
 LTC04 G and I - Nursing Home
 LTC05 G and I - Nursing Home and Home Health Care
 LTC06 – Other

Long Term Care Rider for Life or Annuity must be filed separate from Life or Annuity filing and coded as Long-Term Care

DISCLAIMER

Form filing checklists are intended only as guides for submitting various policy forms to the Office of the Commissioner of Insurance (OCI). The checklists are summaries and are not intended as an OCI directive nor an interpretation of technical legal questions. Although efforts have been made to ensure that the checklists are current and accurate, information is subject to change on a regular basis without prior notice.

The cites in the second column reference Wisconsin statutes, unless they begin with “Ins”, (which indicates a Wisconsin administrative code [regulation]) or contain CFR (which is a federal regulation).

General Filing Requirements	Reference	Comments
Transmittal Document	601.42 Ins 6.05(4)(a)1	SERFF incorporates the required transmittal documents. The “Help” link in SERFF provides access to instructions and tutorials.
Filing Description (SERFF)	Ins 6.05(4)(a)4	Include a brief explanation of use and intent of the form filing, or that identifies amendments to prior policy form filing.
Certificate of Compliance and Readability	Ins 6.05(4)(a)2 Ins 6.05 Appendix A, Ins 6.07 (4) Ins 3.46	Include information identified in the SERFF Submission Requirements and instructions. Under the Form Schedule Tab, provide a Readability score for each form filed. Minimum score of 40 and type size not less than 10-point with lowercase unspaced alphabet length not less than 120-point. Ins 3.46 (5) (b) applicable to standalone. Required captions, 18 -point font.
Statement of Variability	Ins 6.05(4)(a)5	Each form must be in its final format exactly as it will be offered for issuance or delivery in the state of Wisconsin. Exceptions include hypothetical data and other appropriate variable material that may be bracketed. Include a written description identifying the range of any variable language or material.
Authorization to file on insurers behalf	Ins 6.05(3)(a) & 631.20 (1)(c)	Long-term care policies must be filed and approved prior to use.
Commission Limitations	Ins 3.46(13)	Compensation 2nd year and subsequent years is the same and is provided for at least 5 ^h renewal years.
Initial Premium Rate Filing	Ch. 625 Ins 6.06 Ins 3.455 (10)	Applies to any LTC, NH and HHC policy issued in Wisconsin. BULLETIN, November 19, 2001 for all rate filings http://oci.wi.gov/bulletin/1101ah.htm
Rate Increase Filings	3.455	Rate increases are based on when the policy was issued. BULLETIN, November 19, 2001 for all rate filings http://oci.wi.gov/bulletin/1101ah.htm
Certificates of Coverage	631.61	Group – Insurer shall provide certificate for each member of insured group.
LTC Insurance Partnership	Ins 3.465(3)(b) Appendix 1	LTC Insurance Partnership policy filings must include disclosure and Certification, OCI No. 26-113.

Policy Form Requirements		
Face Page	Reference	Comments
Corporate Legal Name	631.20(2)(c) 631.31 631.64	Policy shall conspicuously display the name of the insurer on the first page and full address of its home office somewhere in policy.
LTC Caption	Ins 3.46(5)(b)	Identifies policy or certificate as “Long Term Care Insurance”, “Nursing Home Insurance” or “Home Health Care Insurance”.
Tax Qualified LTC Disclosure	Ins 3.46(18)(b) Ins 3.465(3)(b)2	Clear disclosure that policy meets the federal requirement as Tax-qualified. LTC Insurance Partnership policy filings must meet the federal requirements for tax-qualified LTC policies.
Renewability Caption	632.82 Ins 3.46(3)(f) & (5)(a) & (b).9	Policy or certificate shall include guaranteed renewable for life or noncancellable caption.
Right to Change Premiums	Ins 3.46(5)(b)9	If an individual policy, include any reservation by the insurer of the right to change premiums and any automatic renewal premium increase based on the policyholder’s age.
Important Notice Regarding Answers to Application Questions	Ins 3.28(5)(d)	Notice required on front of policy or certificate concerning statements made in the application.
Claim Methodology	Ins 3.60(5)	Policy or certificate shall include a clear statement that the insurer settles claims based on specific methodology and that the eligible amount of a claim, as determined by the specific methodology, may be less than the provider’s billed charge.
Notice to Buyer	Ins 3.46(23)(a)2	Display prominently by type, stamp, or other appropriate means, on the first page of the policy, “Notice to buyer: This policy may not cover all of the costs associated with long- term care incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations.”
Notice of Right to File a Complaint	631.28 Ins 6.85 (4)	All policies or certificate shall include notice described under s. Ins 6.85, Wis. Adm. Code.
Partnership Policy Status Disclosure	Ins 3.465(3)(b)4 Ins 3.465 Appendix 1	LTC Insurance Partnership policies shall include the disclosure notice.
Form Requirements	Reference	Comments
Entire Contract	631.11	The policy shall state what forms or documents that constitute the entire contract.
Incorporation by Reference	631.13 632.93(4)	No policy, except for Fraternal contracts, may incorporate by reference, any provision or agreement that is not contained in the policy or in an application or other document attached to and a part of the policy.
Fraternal Contract	632.93(1)	Fraternal ONLY. Policy shall contain all sections of the laws of the fraternal that might result in the termination of coverage or the reduction of benefits. The policy shall also state that the policy, any riders, or endorsements attached to it, the laws of the fraternal, and the signed application constitute the entire agreement or contract with the policy owner.
Incontestability	632.76(1) Ins 3.46(20)	Policy or certificate is incontestable after 2 years, except for known, intentional and fraudulent misrepresentation relating to insured’s health. For policy or certificate in force for less than 6 months, misrepresentation must be material to the acceptance for coverage. For policy or certificate in force for at least 6 months but less than 2 years, the misrepresentation must be both material to the acceptance of coverage and pertain to the condition for which benefits are sought.

Form Requirements	Reference	Comments
Preexisting Condition Exclusion	632.76 Ins 3.28(6)(a) Ins 3.46(5)b	Limited to 6 months. If the existence of a preexisting condition is disclosed on application, preexistence defense cannot be used (unless condition is excluded from coverage by name).
Grace Period	632.78	Required 31-day grace period.
Mid-term Cancellation	632.825(2)	Every LTC insurance policy shall contain a provision that apprises the insured of the insured's right to cancel and the insurer's premium refund responsibilities.
Termination	631.36	If included, any termination, nonrenewal or renewal with altered terms provisions are subject to certain limitations and notice requirements.
Extension of Benefits	Ins 3.46(5)(b)7	Policy or certificate shall include an extension of benefits provision that provides coverage of existing institutionalization will continue.
Non-Duplication of Medicare Benefits	Ins 3.46(4)(f)	Policy or certificate shall clearly disclose that it does not duplicate payments by Medicare for nursing home care or home health care if it has either exclusion.
Renewability Provision	632.82 Ins 3.13(2) Ins 3.46(3)(f) Ins 3.46(5)(a) & (b) 9	LTC policies issued on individual basis shall include a provision restricting the insurer's ability to terminate or alter the LTC policy except for nonpayment of premium. If an individual policy, include any reservation by the insurer of the right to change premiums and any automatic renewal premium increase based on the policyholder's age.
Reinstatement Provision	632.74	If insurer, after termination of policy for nonpayment of premium, within one year after termination accepts without reservation a premium payment, policy is reinstated as of date of acceptance. Waiting periods for illness not allowed.
Reinstatement for Cognitive Impairment	Ins 3.46(4)(t)	Policy or certificate shall include provision that allows for reinstatement of coverage, in the event of lapse, if insurer is provided proof of cognitive impairment or the loss of functional capacity and if the reinstatement of coverage is requested within 5 months after termination and provision is made for the collection of past due premiums.
Continuation/Conversion	632.897 Ins 3.455(3) Ins 3.455(7)	Definition of "Basis for continuation of coverage" policy provision; definition of "Basis for conversion of coverage" policy provision.
Right to Reduce Benefits and Lower Premiums	Ins 3.46(25)	Provision that allows the policyholder or certificate holder to reduce coverage and lower premiums by either reducing the maximum benefit or reducing the benefit amount.
Limitations on Payment Provisions	632.77	Provisions dealing with limitations on payments shall conform to the requirements regarding change of occupation; misstatement of age; other insurance and facility of payment.
Notice and Proof of Loss	631.81	If included, any notice or proof of loss provision must not invalidate or reduce a claim provided notice is given as soon as reasonably possible and within one year after the time it was otherwise required by the policy, unless the insurer is prejudiced thereby, and it was reasonably possible to meet the time limit.
Limitation of Actions	631.83(1)(b) & (4)	If included, a provision limiting legal actions must allow at least 3 years for filing an action. No action may be brought against the insurer until at least 60 days after proof of loss has been furnished by an insurer.
Change of Beneficiary	632.71 Ins 3.30	Guidelines for wording change of beneficiary provisions and relation provisions in accident and sickness insurance policies.
Subrogation	<u>Rimes</u>	If policy or certificate contains subrogation provision, there must be a statement that insurer's recovery rights are limited to the amount remaining after the insured has been "made whole."
Arbitration	631.20(1)(a) 631.85	An insurance policy may contain provision for independent appraisal and compulsory arbitration, subject to the provisions of 631.20.

Limitations & Exclusions	Reference	Comments
Prohibited Limitation	Ins 3.46(4)(h)	Not limit or condition coverage by requiring prior hospitalization or prior receipt of care, or benefits for care in an institutional setting.
Prohibited Exclusions and Limitations	Ins 3.46(4)(m)	Not exclude or limit coverage by type of illness, treatment, medical condition or accident, except as described under Ins 3.46(4)(m)1-11; Wis. Adm. Code.
Preexisting Conditions or Diseases	Ins 3.46(4)	If policy or certificate contains a preexisting condition limitation, it shall be labeled "Preexisting Condition Limitations."
Care in Community Based Setting	Ins 3.46(4)(n) and (c)	Policies or certificate shall not exclude or limit coverage of care provided in a community-based setting including coverage of home health care based on requirements or limitations described.
Adult Day Care	Ins 3.46(4)(c)	May not exclude coverage for adult day care services.
Definitions & Benefit Description	Reference	Comments
Activities of Daily Living (ADLs)	Ins 3.46(11)(a)4 Ins 3.46(17)a	Activities of daily living and cognitive impairment triggers shall be described in separate paragraph and labeled "Eligibility for the Payment of Benefits."
Cognitive Impairment	Ins 3.46(3)(b) Ins 3.46(17)(a)3	Definition may be no more restrictive than in the definitions section and benefit triggers standards section of the regulation.
Tax-Qualified LTC Definitions	Ins 3.46(18)(a)	To qualify for certain tax treatment, policies may contain the terms "severe cognitive impairment" and "substantial supervision" in lieu of "cognitive impairment" and may use "substantial assistance" in lieu of "hands-on- assistance."
Tax-Qualified Condition for Claim Payment Provision	Ins 3.46(18)(a)3	May include requirement for Certification by Licensed Health Care Practitioner and functional incapacity or inability to perform at least 2 activities of daily living triggering benefits under the policy is expected to last at least 90 days.
Irreversible Dementia	Ins 3.46(3)(i)	Includes but is not limited to Alzheimer's disease.
Long term Care Insurance	Ins 3.46(3)(e) Ins 3.46(3)(k)	Definition of individual LTC insurance policy or rider and of Group LTC insurance.
Mental or Nervous Disorder	Ins 3.46(3)(q)	May not be defined to include more than neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.
Define Terms Used to Describe Covered Services	Ins 3.46(4)(j)	When the definition requires that the provider be appropriately licensed, certified, or registered, it shall also state what requirements a provider shall meet in lieu of licensure, certification, or registration when the state in which the service is to be furnished does not require a provider of these services to be licensed, certified or registered, or when the state licenses, certifies, or registers the providers of services under another name.
Define Providers of Services	Ins 3.46(4)(k)	When the definition requires that a provider be appropriately licensed, certified, or registered, it shall also state what requirements a provider shall meet in lieu of licensure, certification, or registration when the state in which the service is to be furnished does not require a provider of such services to be licensed, certified or registered, or if the state licenses, certifies or registers the provider of services under another name.
Definitions of Facilities	50.01 DHS 83 DHS 89	Community-based residential facility (CBRF), residential care apartment complex (RCAC).
Coverage in a Community-Based Setting	Ins 3.46(4)(r)	If coverage of care in a community-based setting is included, provide coverage of all types of care provided by state licensed or Medicare certified home health care agencies. Policies may not limit or exclude benefits by specified acts, including excluding coverage for adult day care services.

Definitions & Benefit Description	Reference	Comments
Guaranteed Renewable for Life	Ins 3.46(3)(f)	Include if applies to policy or certificate.
Noncancellable	Ins 3.46(3)(r)	Include if applies to policy.
Daily Benefit	Ins 3.46(4)(b)	Not less than \$60.
Eligibility	Ins 3.46(17)(b)	No more than 3 ADLS or the presence of cognitive impairment.
Elimination Period	Ins 3.46(4)(d)	Provide an elimination period only if it is expressed in number of days per lifetime or per period of confinement; it is clearly disclosed; days for which Medicare provides coverage are counted for the purpose of determining expiration of the elimination period, and it does not exceed 365 days.
Lengthy Elimination Period	Ins 3.46(12)(a)	If insurer markets LTC policy or certificate, or life insurance- LTC coverage with an elimination period exceeding 180 days, it must have a form approved under s. 631.20, Stats., providing the identical coverage, but with an elimination period of 180 days or less.
Lifetime Maximum Benefit	Ins 3.46(4)(e)	Maximum of not less than 365 days. Coverage by Medicare may not be applied against a lifetime maximum limit.
Coverage Triggers	Ins 3.46(4)(g)	Coverage shall be triggered by ADLs. Tax qualified policies may impose a condition that functional incapacity or inability to perform at least 2 ADLs expected to last at least 90 days.
Irreversible Dementia	Ins 3.46(4)(I)	Positive statement regarding coverage.
Non-home Health Care	Ins 3.46(4)(c)2	Home health care coverage may be applied to the non- home health care benefits provided in the policy or certificate when determining maximum coverage under the terms of the policy or certificate.
Additional Benefits	Ins 3.46(4)(c)	Shall be 50% of the daily maximum benefit regarding home health care or community care services.
Contingent Nonforfeiture Benefits	Ins 3.46(19)(c) 4 & (d) & (j)	Specifies notification and offer of nonforfeiture benefits; specifies computation of required benefits and specifies the triggers for a contingent benefit on lapse.
Benefit Appeal	632.84(2) Ins 3.46(4)(q) Ins 3.46(17)(g) Ins 3.55(2)(b)	Clear description in the policy or certificate of the right to appeal benefit decision.
Inflation Protection	Ins 3.46(11)	Form approved for the policy or certificate that makes available inflation protection benefits compounded annually at 5% or based on CPI.
LTC Insurance Partnership Inflation Protection	Ins 3.465(3)(b)5	Inflation protection provision for inclusion in the policy is based on applicant's age and must comply with Ins 3.465(5).
Nonforfeiture Benefit	Ins 3.46(19)	Form approved for the policy or certificate that makes available a shortened benefit period nonforfeiture benefit.
Waiver of Premium		Limit of 90 day waiting period.

Schedule of Benefits	Reference	Comments
List of Services Covered	Ins 3.46(4)	Daily benefits payable.
Elimination Period	Ins 3.46(4)(d)	Expressed in number of days per lifetime or per period of confinement.
Outline of Coverage	Reference	Comments
Title	Ins 3.46 Appendix 1	Long Term Care Insurance, Nursing Home, Home Health Care.
Caption	Ins 3.46(8)(a)1 &Appendix 1	Identical to that in regulation and Appendix. Caption in 18-point type.
Outline of Coverage for Tax Qualified Policies	Ins 3.46(18)(c) Appendix 1, 3	Disclosure that policy is tax qualified and that functional incapacity or ADLs benefit triggers must be expected to last 90 days.
Description of Benefits Provided by the Policy	Ins 3.46 Appendix 1,	Describes information that must be included in Outline if provided by the policy.
Free Look	Ins 3.46 Appendix 1, 6 (a)	Brief description of right to return “free look” provision.
Guaranteed Renewable for Life or Noncancellable	Ins 3.46 Appendix 1, 4 (a) or (b)	Include appropriate caption.
Notice to Buyer	Ins 3.46(23)(a)2	Display prominently by type, stamp, or other appropriate means, on the first page of the outline of coverage, “Notice to buyer: This policy may not cover all of the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations.”
Explanation of Claim Payment Methodology	Ins 3.46(4)(m)8	If payment of benefits is based on standards described as “usual and customary,” “reasonable and customary” or words of similar import shall include a definition of these terms and include an explanation of the terms in outline of coverage and comply with s. Ins 3.60 (5).
Benefit Appeal Procedure	632.84(b) Ins 3.46(4)(q)	Description of insurer’s internal procedure by which denial of any benefits may be appealed.
Waiver of Premium	Ins 3.46 Appendix 1, 4(c)	Describe waiver of premium provisions or state that there are not such provisions.
Exclusions & Limitations	Ins 3.46 Appendix 1	Description of any policy provisions which limit, exclude, restrict, reduce, delay, or in any other manner operate to qualify payment of the benefits.
Renewability	Ins 3.46 Appendix 1, 4 (a) Ins 3.46(8)(c)2	Statement under which the policy or certificate or both may be continued in force or discontinued including right of insurer to raise premiums.
Group Coverage	Ins 3.46 Appendix 1, 4 (b) Ins 3.46(8)(c)2	Continuation or conversion provisions of group coverage to be specifically described.
Summary	Ins 3.46 Appendix 1, 13	Summary of costs of the policy & optional riders.
Senior Counseling Program	Ins 3.46(23)(a) and (b); Appendix 1, 15	At solicitation an insurer shall provide written notice to prospective policyholder that a senior counseling program is available in Wisconsin.

Disclosure Forms	Reference	Comments
Personal Worksheet	Ins 3.46 Appendix 2	In not less than 12-point type. May not apply to life insurance policies that accelerate benefits for long-term care.
Things You Should Know...	Ins 3.46 Appendix 3	In not less than 12-point type. May not apply to life insurance policies that accelerate benefits for long-term care.
LTC Suitability Letter	Ins 3.46 Appendix 4	May not apply to life insurance policies that accelerate benefits for long-term care.
Potential Rate Increase Disclosure Form	Ins 3.46 Appendix 5	Applies to long-term care policies, life insurance-long-term care coverage or certificates.
Replacement Forms	Ins 3.46 Appendix 6 & 7	Life policies that accelerate benefits for long-term care must comply with replacement requirements if replacing a long-term care policy. If the policy being replaced is a life policy, the insurer shall comply with the replacement requirements of s. Ins 2.07.
Partnership Policy Status Disclosure Notice	Ins 3.465(3)(b)4 Appendix 1	Applies to long-term care and life insurance policies with long-term care provisions.
Issuer Certification Form	Ins 3.465 (4)	Company certification that insurance plan meets certain consumer protection requirements and policies satisfy requirements. Complete OCI form 26-113.
Additional Requirements and Instructions for Life Insurance-Long-Term Care Coverage and Annuity – Long Term Care Riders	Reference	Comments
Policy Data Page or Schedule		Must be attached under Supporting Documentation with a LTC rider filing.
Face Page Disclosure	Ins 3.46(9)(m)	For life insurance policies that provide an accelerated benefit for LTC, a disclosure statement is required at the time of application for the policy or rider that receipt of these accelerated benefits may be taxable, and that assistance should be sought from a personal tax advisor. Disclosure shall be prominently displayed on first page of the policy or rider.
Definitions	Ins 3.46(3) Ins 3.46(17)	No more restrictive than those in Ins 3.46.
Minimum Benefit Amount	Ins 3.46(4)(b)	Establish fixed daily benefit limits only if the highest limit is not less than \$60 per day.
Minimum Benefit Period	Ins 3.46(4)(e)	Not less than 365 days.
Elimination Period	Ins 3.46(4)(d) Ins 3.46(12)(a)	Expressed in number of days per lifetime or per period of confinement and does not exceed 365 days. Must have approved form with an elimination period of 180 days or less.
Exclusions and Limitations	Ins 3.46(4)	Not more restrictive than in Ins 3.46(4).
Incontestability	Ins 3.46(20)(f)	In the event of the death of the insured, the remaining death benefit of a life insurance policy that accelerates benefits for LTC shall be governed by s. 632.46, Stats.
Outline of Coverage	Ins 3.46(8)	Must comply with Ins 3.46 (8) and be approved by the OCI prior to use.
Disclosure for Life Insurance Policies	Ins 3.46(9)(m)	A disclosure statement is required at the time of application for life policies/riders that provide accelerated benefits that receipt of these accelerated benefits may be taxable. Shall be prominently displayed on first page of the policy or rider.
Premium Rate Increase	Ins 3.46(9)(b)(i)	Statement that the policy may be subject to rate increases in the future.

Additional Requirements and Instructions for Life Insurance-Long-Term Care Coverage and Annuity – Long Term Care Riders	Reference	Comments
Replacement of LTC Policy with Life Policy	Ins 3.46(14)(c)6 Appendix 5,6 and 7	Life policies that accelerate benefits for long-term care must comply with replacement requirements if replacing a long-term care policy. If the policy being replaced is a life policy, the insurer shall comply with the replacement requirements of Ins 2.07.
Supplement Application		Provide with the filing if coverage includes spouse.
Application	Reference	Comments
Elimination Period Disclosure	Ins 3.46(12)(b)	If coverage contains an elimination period in excess of 180 days, application form must contain a clear and conspicuous disclosure of the offer of coverage with an elimination period of 180 days or less.
Replacement Question	Ins 3.46(14){c}	All applications shall include specific questions as to whether the applicant has another LTC insurance policy in force or whether the policy is intended to replace other coverage.
Health Condition Questions	Ins 3.46(10)(f)	All applications except those guaranteed issue shall contain clear and unambiguous questions designed to ascertain the health condition of the applicant.
AIDS/HIV Questions	631.90 Ins 3.53(4)	Disclose that reporting of HIV test results limited to FDA- licensed test & consumer need not report results of tests conducted at anonymous counseling & testing site or through use of home test kit.
Genetic Testing	631.89	No questions regarding genetic testing and no requirements for test
Inflation Protection	Ins 3.46(11)(d)	Signed acceptance or rejection of required offer.
Nonforfeiture Benefit	Ins 3.46(19)	Signed acceptance or rejection of required offer.
Written Designation or Waiver regarding Lapse or Termination	Ins 3.46 (15)	Designation of at least one person, in addition to the applicant, who is to receive a notice of lapse or termination for nonpayment of premium or a written waiver dated and signed by the applicant electing not to designate additional persons to receive notice.
Personal Medical Information Disclosure Authorization	610.70(2)	If form authorizes disclosure of personal medical information, specific information must be included in disclosure authorization.
Prescription Drug Question	Ins 3.46(10)(f)	If the application contains a question regarding prescription medication, and the medications were known by the company to be directly related to a medical condition for which coverage would otherwise be denied, the insurer may not rescind the policy or certificate.
Caution Statement	Ins 3.46(10)(g)	In close conjunction with the applicant's signature block the statement: "Caution: If you answers on this application are incorrect or untrue [insurer's name] has the right to deny benefits or rescind your policy."

Additional Review Requirements	Reference	Comments
Premium Rate Increase Disclosure	Ins 3.46(9)(b)	Acknowledgement signed by the applicant at the time of application regarding future premium increases and history of past rate increases.
LTC Advertisement	Ins 3.46(22)	All LTC advertisements that are written, radio or television must be filed with the commissioner as required by Ins 3.27.
LTC Suitability Standards and Report	Ins 3.46 (16)(b) & (h)	Develop and use suitability standards. Annually report to the commissioner suitability data.
LTC Rescissions	Ins 3.46(10)(j) Appendix 8	Annually report to the commissioner policy and certificate rescissions using format in Appendix 8.
LTC Lapse and Replacement Report	Ins 3.46(21), Appendix 10	Annually report to the commissioner lapse and replacement data using format in Appendix 10.
LTC Denied Claim Report	Ins 3.46(21), Appendix 9	Annually report to the commissioner for qualified LTC contracts denied claims using format in Appendix 9.
LTC Benefit Appeals	Ins 3.455(5)	Annually report to the commissioner benefit appeals and the disposition of these appeals.
Marketing Standards	Ins 3.46(23)	Standards for marketing that include insurer marketing procedures and intermediary training requirements, disclosure requirements; identify prohibited acts and practices; return premium to insured if policy is not accepted during free-look period.
Obligations of Associations to Provide Objective Information	Ins 3.46(23)(e)	Responsibilities of associations when endorsing or selling LTC.
LTC Experience Report	Ins 3.455 (6)	Annually report to the commissioner the loss ratios and loss experience under LTC policies in format prescribed by the commissioner.