

**REVIEW REQUIREMENTS CHECKLIST
LONG TERM CARE INSURANCE**

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	REFERENCE
			Form/Page/Para.
Misrepresentation of policy/insurer	ARS § 20-443		.
False/deceptive ads	ARS § 20-444		.
Defamation	ARS § 20-445		.
Unfair discrimination	ARS § 20-448		.
Rebates	ARS § 20-449		.
Prohibited inducements	ARS § 20-452		.
Unfair claim settlements	ARS § 20-461		.
Policy Provisions required; omissions; substitutions	ARS § 20-1344		.
Entire contract	ARS § 20-1345		.
Time limit on defenses	ARS § 20-1346		.
Grace period	ARS § 20-1347		.
Reinstatement	ARS § 20-1348		.
Notice of claim	ARS § 20-1349	Companies often fail to include a statement that written notice of claim must be given within twenty days after a loss <u>or as soon thereafter as is reasonably possible.</u> (emphasis added)	.
Claim forms	ARS § 20-1350		.
Proofs of loss	ARS § 20-1351		.
Time for payment of claims	ARS § 20-1352		.
Payment of claims	ARS § 20-1353		.
Physical examination; autopsy	ARS § 20-1354		.
Legal actions	ARS § 20-1355	The law requires that no legal action shall be taken after two years. Some companies merely state that the insured cannot file legal action after their state's statute of limitations has run out. We believe an insured should not have to do legal research to determine his rights under the policy and we require them to put an actual time frame in the policy contract.	.
Pre. interviews	ARS § 20-2103	Policy terms cannot require pre. interview.	.
Notice of insurance information practices	ARS § 20-2104		.
Marketing and research surveys	ARS § 20-2105		.
Content of disclosure authorization forms	ARS § 20-2106	The applicant's statement on the application often fails to include a phrase which states that the applicant <u>or his authorized representative</u> can request a copy of the authorization, as required by ARS § 20-2106(9). (emphasis added)	.
Investigative consumer reports; rights of individuals	ARS § 20-2107	Insurers often fail to inform the applicant that he has a right to be interviewed as part of the investigation and that he can receive a copy of the report, as required by ARS § 20-2107.	.
Access to recorded personal information	ARS § 20-2108		.
Correction, amendment or deletion of recorded personal information	ARS § 20-2109		.
Reasons for adverse underwriting decisions	ARS § 20-2110		.
Information concerning previous adverse underwriting decisions	ARS § 20-2111		.
Basis for Adverse underwriting decisions	ARS § 20-2112		.
Limitations on disclosure of personal recorded information	ARS § 20-2113		.
Advertisements of Health Insurance	AAC R-20-6-201		.

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Procedures for Filing Advertising Materials; Transmittal	AAC R20-6-201.02		.
Form Filings; Translations	AAC R20-6-203		.
Gender Discrimination	AAC R-20-6-207		.
Discrimination on the Basis of Blindness or Partial Blindness	AAC R-20-6-211		.
Life and Disability Insurance Policy Language Simplification	AAC R-20-6-213		.
Unfair Claims Settlement Practices	AAC R-20-6-801		.
HIV/AIDS: Prohibited and Required Practices-Definitions	AAC R20-6-1201		.
HIV/AIDS: Applications for Insurance	AAC R20-6-1202		.
Testing for HIV; Consent Form	AAC R20-6-1203		.
Release of Confidential HIV-related Information; Release Form	AAC R20-6-1204	When preparing authorization forms note that the maximum period an authorization for an insurer to disclose HIV-related information can be valid is 180 days.	.
HIV/AIDS: Benefits; Prohibited Practices	AAC R20-6-1205		.
REQUIREMENTS SPECIFIC TO LONG TERM CARE INSURANCE			
REVIEW REQUIREMENTS	REFERENCE	COMMENTS	Form/Page/Para.
Definitions	ARS §20-1691		.
Applicability and scope	ARS § 20-1691.01		.
Adoption of rules	ARS § 20-1691.02		.
Limitations of long-term care insurance policies	ARS § 20-1691.03	(C) Coverage for at least twenty-four consecutive months for each covered person is required.	.
Requirements for certain group coverage	ARS § 20-1691.04		.
Prior institutionalization	ARS § 20-1691.05		.
Outline of Coverage; certificate	ARS § 20-1691.06	Companies often fail to provide correct information concerning the delivery of the outline of coverage. For direct response solicitation, the outline of coverage shall be delivered in conjunction with an application or enrollment form. For insurance producer solicitation, the outline of coverage shall be delivered before the presentation of an application or enrollment form. Other requirements apply for group policies and life insurance policies	.
Right to return	ARS § 20-1691.07		.
Rate and form review; disapproval	ARS § 20-1691.08		.
Penalties for violations	ARS § 20-1691.09		.
Contestable periods	ARS § 20-1691.10		.
Nonforfeiture benefits	ARS § 20-1691.11		.
Insurance producer training course requirements	ARS § 20-1691.12		.
Applicability and Scope	AAC R20-6-1001		.
Definitions	AAC R20-6-1002		.
Policy Terms	AAC R20-6-1003		.
Required Policy Provisions	AAC R20-6-1004	(A) the renewability provision does not apply to a policy that is a part of or combined with a life insurance policy that does not contain a renewability provision and that reserves the right not to renew solely to the policyholder.	.
Unintentional Lapse	AAC R20-6-1005		.

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Unintentional Lapse	AAC R20-6-1005		
Inflation Protection	AAC R20-6-1006	An insurer is not required to make the inflation protection offer in subsection (A) for life insurance policies or riders with accelerated long-term care benefits.	
Required Disclosure Provisions	AAC R20-6-1007		
Required Disclosure of Rating Practices to Consumers	AAC R20-6-1008	Section (A) applies to any long-term care policy or certificate issued after May 10, 2005 except for certificates issued under an in-force, long-term care insurance policy issued to a group as defined in ARS 20-1691(5)(a) in which this provision applies on the first policy anniversary that occurs on or after November 10, 2005. An insurer must use the forms in Appendix A and Appendix B to comply with the requirements of subsections (B) through (E); the . must be substantially similar to the . and format of Appendices A and B.	
Initial Filing Requirements	AAC R20-6-1009	This section applies to any long-term care policy issued on or after May 10, 2005.	
Requirements for Application Forms and Replacement Coverage	AAC R20-6-1010	(G) a life insurance policy that accelerates benefits for long-term care shall comply with this section if the policy being replaced is a long-term care insurance policy. (I) An insurer must file the forms in Appendix E and Appendix F no later than June 30th of each year.	
Prohibition Against Post-claims Underwriting	AAC R20-6-1011	An insurer must file the form in Appendix G on or before March 31st of each year.	
Discretionary Powers of Director	AAC R20-6-1012		
Reserve Standards	AAC R20-6-1013	An insurer shall determine policy reserves under ARS §20-510 if long-term care benefits are provided through acceleration of benefits under group or individual life policies or riders.	
Loss Ratio	AAC R20-6-1014	This section applies to policies and certificates issued any time prior to May 10, 2005. Subsection (B) does not apply to life insurance policies that accelerate benefits to long-term care.	
Premium Rate Schedule Increase	AAC R20-6-1015	This section applies to any individual long-term care policy or certificate issued on or after May 10, 2005.	
Filing Requirements for Group Policies	AAC R20-6-1016		
Standards for Marketing	AAC R20-6-1017	1017(B)(3) stipulates that if any method of marketing fails to disclose in a conspicuous manner that the purpose of the marketing is solicitation of insurance and that contact will be made by a producer of the insurer, it is considered "cold lead advertising" and is prohibited.	
Suitability	AAC R20-6-1018	This section does not apply to life insurance policies that accelerate benefits for long-term care. The "Long Term Care Insurance Personal Worksheet" and "Things You Should Know Before You Buy Long Term Care Insurance" shall be in no less than 12 point type.	
Nonforfeiture Benefit Requirement	AAC R20-6-1019	This section does not apply to life insurance policies or riders containing accelerated long-term care benefits.	
Standards for Benefit Triggers	AAC R20-6-1020	The requirements in this section are effective on and after November 10, 2005 and apply to a long-term care policy issued on or after January 10, 2005 (except as provided in subsection (G)(2)). This section does not apply to certificates issued on or after January 10, 2005 under a long-term care insurance policy issued to a group which was in force on January 10, 2005.	
Additional Standards for Benefit Triggers for Qualified Long-Term Care Insurance Contracts	AAC R20-6-1021		
Standard Format Outline of Coverage	AAC R20-6-1022	The . and sequence of . in Appendix J is mandatory, and required to be in no smaller than 10 point type.	
Requirement to Deliver Shopper's Guide	AAC R20-6-1023		
Instructions for Appendices	AAC R20-6-1024		

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CERTIFICATION

I, _____, hereby certify that to the best of my knowledge and belief that each form or rate filing involved in this filing: 1) Conforms to all of the applicable requirements outlined above; 2) Contains no provision(s) previously disapproved or required to be corrected and/or revised by the Arizona Department of Insurance; and 3) Does not exceed this insurer's powers, the authority granted by its state of domicile and its Arizona certificate of authority.

Signature of

Officer: _____

Date: _____