

**REVIEW REQUIREMENTS CHECKLIST  
PRE-RATE STABILIZATION LONG TERM CARE INSURANCE RATE FILINGS**

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	REFERENCE Form/Page/Para.
Long Term Care Insurance Policies - Loss Ratio	AAC R20-6-1014	Applies to any individual policy or certificate issued any time prior to May 10, 2005. Include Arizona and Nationwide specific loss experience since inception by issue year, including earned premium, losses paid and losses incurred.	
Required Information for all Long Term Care Insurance Rate Filings	Unpublished Requirement	These requirements apply to all Long Term Care Insurance rate filings for policies issued prior to May 10, 2005:	
		1. Complete rate history, including dates filed.	
		2. Schedule of current and requested rates.	
		3. Arizona specific loss experience including earned premium, losses paid and losses incurred.	
		4. Nationwide loss experience including earned premium, losses paid and losses incurred.	
		5. Exhibit demonstrating how rate revision was calculated.	
		6. Number of Arizona policyholders affected by filing.	
		7. Number of nationwide policyholders affected by filing.	
		8. Scope and reason for rate revision.	
		9. Expected average effect of premiums.	
		10. Does rate revision apply to new business only, inforce policies only or both?	
		11. Is this a closed block of business?	
		12. Accreditation of actuary (Form P-124).	
		13. Exhibit showing top 10 states by premium volume including current annualized premium, percent of total premium, number of policyholders, and approved rate increases for this policy form(s).	
		14. Discussion of how the proposed premium rates for this policy form(s) relate to new business premium rates for silimiar coverage, including a chart comparing current rates, proposed rates and new business rates for a sample of common benefit options and issue ages.	

**REVIEW REQUIREMENTS CHECKLIST  
PRE-RATE STABILIZATION LONG TERM CARE INSURANCE RATE FILINGS**

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: \_\_\_\_\_