This Checklist Applies to the Following Types of Insurance (TOI):

* LTC02G Group Long-Term Care – Home Health Care Only
* LTC02I Individual Long-Term Care – Home Health Care Only
* LTC03G Group Long-Term Care
* LTC03I Individual Long-Term Care
* LTC04G Group Long-Term Care – Nursing Home
* LTC04I Individual Long-Term Care – Nursing Home
* LTC05G Group Long-Term Care – Nursing Home & Home Health Care
* LTC05I Individual Long-Term Care – Nursing Home & Home Health Care
* LTC05.1G Group Assisted Living Care
* LTC05.1I Individual Assisted Living Care
* LTC05.2G Group Adult Day Care
* LTC05.2I Individual Adult Day Care
* LTC06 Long-Term Care – Other

The disclosures required below will likely vary by insurer or product. These disclosures may be included as part of the increase notification letter or included in an attachment to the letter, and the insurer may include as much detail as necessary to relay concise and easy to understand information to the consumer regarding these elements of the rate increase.

Letters must be personalized to each insured so that dollar amounts and current benefits are accurate and only the option that apply to that policyholder are discussed.

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|  | **FILER: PLEASE TYPE IN THE SERFF FILING NUMBER AND EACH FORM NUMBER SUBMITTED FOR DOI APPROVAL IN THIS FILING, AND LIST THE TOI THAT APPLIES** |
|  | SERFF filing number and form numbers for policyholder letter and any riders/endorsements filed for approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SERFF filing number for corresponding rate filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SERFF filing number(s) and form numbers for policies that will be affected by this rate increase:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Note that if some policies were filed under one TOI and others were filed under a different TOI, there should be rate filings under matching TOIs and policyholder letter/endorsement filings under matching TOIs.* | TOIs here |
| **(DOI reviewer)****Check as completed** | **Review Requirements** | **Reference** | **Description** | **Page number, name of document where disclosure is made, or N/A** |
|  | **STATEMENT OF RATE INCREASE WITH EFFECTIVE DATES** |
| 🞏 | 60 days’ notice  | NE Filing Requirement | Policyholders must be given 60 days’ advance notice, and the Department may require 90 days for large rate increases. |  |
| 🞏 | First communication mentioning rate increase | NE Filing Requirement | First mention of rate increase to policyholders must be the letter approved by the DOI. |  |
| 🞏 | Bills that do not match the renewal/anniversary | NE Filing Requirement | The company cannot send a bill with prorated increase for part of the year without first presenting the rate increase through the approved policyholder letter |  |
| 🞏 | Dates for letters  | NE Filing Requirement | In the column to the right, please provide the approximate date that letters will start being sent. |  |
| 🞏 | Increase effective dates | NE Filing Requirement | In the column to the right, please state the renewal dates that qualify as “year 1” of the increase. If the increase is phased in over multiple years, provide renewal dates that will be considered year 2 and any subsequent years. |  |
| 🞏 | Letters on a rolling basis | NE Filing Requirement | Confirm letters will be sent on a rolling basis, timed to match individual renewal dates. |  |
| 🞏 | Increase clearly explained in dollars | NE Filing Requirement | Current premium, increased premium, single increase or phased-in series of increases; all with effective dates. |  |
| 🞏 | Increase occurs on policy anniversary date | NE Filing Requirement | Increases cannot be imposed in the middle of a policy term. Increases at the “next premium due date” are not allowed. If not paying annual premium increase can not be effective until anniversary date or renewal premium date.  |  |
| 🞏 | Description of increase and purpose of letter paragraph | NE Filing Requirement | Elements to include:Insurer requested this rate increase based on higher number of claims and/or dollar amounts of claims than projected when the rates were initially set.DOI actuaries approved the increase as justified based on increased claims.Increase applies to all similarly situated PH, not just recipient of this letter.Policy gives the right to increase rates this way.Rates may increase in the future, but only if the claims are more costly than current projected claims. |  |
| 🞏 | Reasons for increase cannot imply Department request | NE Filing Requirement | Insurers cannot imply that the rate increase was initiated by the DOI – must clearly state the insurer requested this increase and the DOI approved the request based on actuarial principles. |  |
| 🞏 | Disclosure re guaranteed renewable and possibility of future increases | NE Filing Requirement | Clear disclosure stated in the policyholder letter of the guaranteed renewable nature of the product and that the insured should understand that premium rates may increase again in the future.  |  |
|  | **INCREASES PHASED IN OVER MULTIPLE YEARS** |
| 🞏 | If phased-in over multiple years, letters for each year, also subject to 60 days’ notice.  | NE Filing Requirement | Letters for second or third years of phased-in increase must include reference to the prior increase, e.g., “This is the second increase of three. This letter serves as a reminder that we notified you of this increase last year and the third rate increase is scheduled to take place one year from now.” |  |
| 🞏 | Letters identify all remaining premium increases to be applied | NE Filing Requirement | The premium needs to be stated in the policyholder letter. |  |
| 🞏 | Percentage increases demonstrated with dollar amounts | NE Filing Requirement | Avoids policyholder confusion with compounding effect of percentage increases |  |
| 🞏 | CBL trigger is full increase | NE Filing Requirement | CBL must be offered each year, the total increase is used to determine if CBL is triggered (see CBL section below) |  |
|  | **BENEFIT REDUCTION OR RATE INCREASE MITIGATION OPTIONS:** |
| 🞏 | Explanation of range of benefits available to policyholders prior to this rate increase | NE Filing Requirement | Listing of each option grouping (riders, inflation protection, etc.) and how the rate increase affects each option grouping, indicate whether each option grouping gets its own letter or explanation of how the company will make sure that insureds receive letters that accurately present the benefit package they have, and the options that correspond to that benefit package. Filings with too many bracketed variables and no clear explanation of how that bracketed language will be put into which letter will likely need to be re-submitted in separate letters for clarity and to avoid errors in company communications. |  |
| 🞏 | Listing of options; order | NE Filing Requirement | The first option presented in a list and discussion must be to keep paying premiums at the increased rate. |  |
| 🞏 | Summary of current benefits | NE Filing Requirement | Information about current benefits, including daily benefit amount, elimination periods, maximum lifetime benefits, any other material riders. |  |
| 🞏 | Summary of options | NE Filing Requirement | Bulleted list of options. Information about how benefit items change with each mitigation option detailed in the letter. |  |
| 🞏 | Removing or reducing inflation protection | NE Filing Requirement | Clear explanation of current inflation protection, offered reduction of protection, demonstration of effect on premiums and coverage over at least three years (also see Partnership section below). |  |
| 🞏 | Instructions to elect options | NE Filing Requirement | Instructions on election process with contact information for help in the election process. Explain that if a policyholder wants to wait to decide whether to elect, policyholder should keep in mind any expiration on the option and must pay the increased premium while evaluating the options, otherwise the policy will lapse. |  |
| 🞏 | Expiration date for election options | NE Filing Requirement | Expiration date for election options must be clearly stated (either a date in the future or a number of days from a trigger, e.g., date on the letter). |  |
| 🞏 | Language used for options | NE Filing Requirement | Prohibited language – cannot use “avoid” the increase – nobody receiving a rate change notification letter can avoid the action |  |
| 🞏 | No benefit reduction option can be more prevalent or emphasized than another | NE Filing Requirement | If any benefit reduction is in bold or in a bulleted list, all of them should be. No benefit reduction items should be repeated more than once in a letter unless all of them are repeated the same number of times. |  |
| 🞏 | Change Request Form or Insert | NE Filing Requirement | Any change request form requiring the customer’s signature should include all reduced benefit options mentioned in the notification letter and instructions that the form does not have to be returned if the increase and no reduced benefit are chosen. It should also be clear that if Contingent Nonforfeiture is available, it will be automatically applied if a premium payment is missed in the given time period (usually 120 days beyond the increase date) – grace periods in the contract should apply to this benefit being preserved – such as you can’t force CNFB on day 121 if the consumer is in a grace period and pays the missed premium |  |
| 🞏 | Contact information | NE Filing Requirement | Company contact for insureds to seek information on additional options. Customer service phone number and web address. |  |
| 🞏 | Actuarial value disclosure language | NE Filing Requirement | If all options are not of equal actuarial value, then a disclosure should be included stating, “Options may not be of equal value – each option should be viewed as to whether it is appropriate to the individual’s needs.” |  |
| 🞏 | Demonstration of new benefits  | NE Filing Requirement | Detailed demonstration estimating new benefits and premium under each option listed in the required bulleted list of options. |  |
|  | **CONTINGENT BENEFIT UPON LAPSE AND NONFORFEITURE BENEFIT EXPLANATION** |
| 🞏 | Offer only if available | NE Filing Requirement | CBL should only be included if applicable to the policyholder.CBL can either be bracketed to only be included if applicable to this policyholder, or two letters can be filed (one with CBL). |  |
| 🞏 | Full approved increase considered for CBL trigger | NE Filing Requirement | If a phased-in increase is approved, the full increase is used to determine whether CBL is triggered at the time of each of the approved increases. |  |
| 🞏 | Description of CBL coverage and election period | 210 NAC 46.023.04(D) | CBL should be explained and the election period (at least 120 days after the effective date of the rate increase) should be clearly stated. |  |
| 🞏 | Effect of lapse during 120-day period | 210 NAC 46.023.04(D) | Notify policyholder that a default or lapse at any time during the 120-day period will be deemed to be election of the offer to convert to paid-up status. |  |
| 🞏 | Explanation of effect | 210 NAC 46.023.04(D) and NE Filing Requirement | Explain selecting CBL will result in a paid-up policy. Explain benefit periods are likely to be “significantly shortened” by selecting CBL.Amount and frequency stay the same, but lifetime maximum dollars or days of benefits reduce, per 210 NAC 46.023.05(B) and (C). |  |
| 🞏 | Offer of reduced benefits | 210 NAC 46.023(D)(1) | Insurer is required to offer to reduce policy benefits provided by the current coverage without the requirement of additional underwriting so that required premium payments are not increased. |  |
| 🞏 | Demonstration of new benefits  | NE Filing Requirement | Detailed demonstration estimating new benefits and limits under the CBL option. |  |
| 🞏 | Provide contact information | NE Filing Requirement | Clearly state the insurer phone number and other contact to have PH evaluate CBL as an option. |  |
|  | **PARTNERSHIP STATUS AND BENEFIT REDUCTIONS** |
| 🞏 | Do any policies affected by this rate increase qualify for partnership status? | NE Filing Requirement | This question must be answered in the column to the right. | Yes/No? |
| 🞏 | Disclose that a benefit reduction option may cause loss of Partnership status. | NE Filing Requirement | Disclosure only if benefit reduction would cause loss of Partnership status.  |  |
| 🞏 | Explanation of consequences of losing Partnership status | NE Filing Requirement | Disclosure must explain what loss of Partnership status would mean to the policyholder including loss of Medicaid asset protection. |  |
|  | **RETURN OF PREMIUM RIDER (DEATH BENEFIT)** |
| 🞏 | Return of premium upon death |  | Does the policy have an optional rider for return of premium on death? If yes, include the approximate payout information upon death in the letter and explain that if the policy lapses, the death benefit goes away. | Yes/No? |
|  | **FAQ OR OTHER ENCLOSURE****If Frequently Asked Questions (FAQ) or other information will be provided to consumers in a mailing as a way to satisfy the elements listed in this checklist, the document should be submitted for approval. If this information will also be posted on a website and amended as needed, please provide a link or web address, and please inform the Department that additional items will be included in the future.** |
| 🞏 | Form number  | NE Filing Requirement | (required if a paper copy will be mailed) The form number cannot be variable and must be in the lower left-hand corner of all the pages of the document. |  |
| 🞏 | Web address or link | NE Filing Requirement | Must be a working website. Provide link/address, screen shots or language to be displayed on website, along with statement that any changes will add items or provide additional information, but will not eliminate information in the web content.If website display differs depending on options selected, screen shots are acceptable. |  |
| 🞏 | Subject to change | NE Filing Requirement | While FAQs may be supplemented over time, elements of this checklist cannot be eliminated from the FAQ as changes are made to the online version. Please indicate agreement in the SERFF filing introduction/cover letter |  |
|  | **POLICY ENDORSEMENTS OR RIDERS**If benefit reduction or other mitigation options will involve amending the policy, a separate rider or endorsement should be filed here.  |
| 🞏 | Clear reference to policy numbers to which the endorsement applies |  |  |  |
| 🞏 | Clear reference to which policy language is replaced |  |  |  |
| 🞏 | Clear explanation of new benefit or eliminated benefit |  |  |  |
|  | **SUPPORTING DOCUMENTS REQUIRED****Reference name of separate document in right column.** |
| 🞏 | Statement of variables (SOV) | NE Filing Requirement | Any bracketed language must be explained in a Statement of Variability (SOV).If phased in over multiple years, provide a different SOV for each year’s letter. |  |
| 🞏 | NE Filing Form  | NE Filing Requirement | Use page 2 for additional forms |  |
| 🞏 | Education materials to be used within the company | NE Filing Requirement | Document listing the options available with this rate increase and provides details on each option. |  |
| 🞏 | Rules about how the customer elects additional options using the phone or web address | NE Filing Requirement | The change form should contain a free form area for the consumer to describe what they decided based on the phone call. Alternatively, a confirmation of the phone call with the change described must be sent to the insured to sign after the call, including a summary of options discussed, to ensure that a consumer does not make a serious mistake by writing in the wrong thing and signing the change form. |  |
|  | **EXPLANATION FOR ANY ITEMS MARKED NOT APPLICABLE** |
| 🞏 | Please use this space provide an explanation for any checklist requirement marked “N/A” to avoid receiving an objection in SERFF. |

**CERTIFICATION OF COMPLIANCE**

I, the undersigned authorized filer, hereby certify that this filing complies with applicable Nebraska statutes, regulations, Bulletins and guidelines, to the best of my knowledge. This filing contains no unusual or controversial content according to insurance industry norms. The forms included in this filing contain no unfair, unjust, inequitable, misleading or deceptive provisions or language. I am authorized to sign on behalf of the Company identified below.

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Name of Company

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Typed Name of Authorized Filer (Electronic Signature) Date