

**Below are the instructions for completing the two reports required to be submitted as part of the Viatical Settlement Provider Report annual renewal. The reports are now submitted via the online portal.**

**If you close out of the renewal before submitted, you will need to start when you go back in.**

**Viatical Settlement Provider Report – Nebraska Insureds Only Instructions**

1. List the settlement number or unique identifying number used to identify the specific viatical settlement transaction, and viator's state of residence (if other than Nebraska) at the time of the viatical settlement contract.
2. List the date of the viatical settlement contract.
3. List the life expectancy (in months) of the insured individual at the time of the viatical settlement contract.
4. List the face amount of the policy being viaticated.
5. List the net death benefit (in dollars) of the policy at time of contract.
6. Estimate total amount of premiums (in dollars) to keep policy in force for insured's life expectancy at the time of the viatical settlement contract.
7. List the net amount (in dollars) paid to the viator.
8. Indicate the purchase source of the policy. Use "B" for viatical settlement broker, "D" for direct from the viator or "O" for an individual or entity other than the original viator.
9. Identify whether the policy was an individual policy (I) or a group policy (G).
10. Indicate (y or n) whether the policy was within the contestable or suicide period, or both, at the time of viatical settlement contract.
11. List the classification of disease or injury condition of viator at time of viatical settlement contract ("a" - Cardiovascular diseases; "b" - Diseases of the central nervous system; "c" -Diseases of the peripheral nervous system; "d" - Elders with nonspecified disease processes; "e" - Infectious diseases and autoimmune diseases; "f" - Liver and renal diseases; "g" - Neoplasms; "h" – Non-neoplastic pulmonary diseases; "i" - Other)
12. List the type of funding for the transaction: "F" for financing entity, "L" for licensee, "P" for private (purchaser) funding, "I" for internal funding, "A" for accredited investor, "S" for special purpose entity, and "R" for related provider trust.
13. Indicate the rating of the insurer that issued the policy at the time the policy was viaticated.
14. List the name and address of the Viatical Settlement Broker (if any) involved in the viatical settlement transaction.

15. Indicate the number of policies reviewed and rejected.
16. Indicate the number of policies purchased from an individual or entity other than the original viator as a percentage of the total policies purchased.

#### **Individual Mortality Report – Nebraska Insureds Only Instructions**

1. List the settlement number or unique identifying number used to identify the specific viatical settlement transaction.
2. List the date of the viatical settlement contract.
3. List the viator's state of residence at the time of the viatical settlement contract.
4. List the life expectancy (in months) of the insured individual at the time of the viatical settlement contract.
5. List the net death benefit collected from the insurer.
6. List the total amount of premiums (in dollars) required to be paid to the insurer to maintain the policy from the date of viatication to the date of death. (WP – Waiver of Premium; NA – Not Applicable)
7. List the "Net" amount paid to the viator.
8. List the classification of disease or injury that was the proximate cause of the insured's death. ("a" – Cardiovascular diseases; "b" – Diseases of the central nervous system; "c" – Diseases of the peripheral nervous system; "d" – Elders with nonspecific disease processes; "e" – Infectious diseases and autoimmune diseases; "f" – Liver and renal diseases; "g" – Neoplasms; "h" – Non-neoplastic pulmonary diseases; "i" – Other)
9. Indicate the insured's date of death.
10. List the number of months between the date of contract and the insured's date of death.
11. List the number of months between the life expectancy of the insured at the time of contract and the insured's date of death. This should be noted as a plus (+) figure if the insured died after the estimated life expectancy or a minus (-) if the insured died prior to the estimated life expectancy.
12. List type of life insurance coverage. ("I" – Individual or "G" – Group).
13. Indicate (y or n) whether the policy was within the contestable or suicide period, or both, at the time of viatical settlement contract.