

Review Requirements Checklist  
LONG-TERM CARE APPLICATIONS

| REVIEW REQUIREMENTS                | REFERENCE                    | COMMENTS  |
|------------------------------------|------------------------------|---|
| <b>General Filing Requirements</b> |                              |   |
| Transmittal Letter                 | 14 VAC 5-100-40              | <b>For Paper Filings:</b> Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.  |
|                                    | 14 VAC 5-100-40 1            | Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.  |
|                                    | 14 VAC 5-100-40 2            | Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.   |
|                                    | 14 VAC 5-100-40 3            | Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.  |
|                                    | 14 VAC 5-100-40 5            | Description of market for which the form is intended.   |
|                                    | 14 VAC 5-100-40 6            | <b>For Paper Filings:</b> At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218. |
|                                    | Administrative Letter 1983-7 | Must include the name and individual NAIC number of the company for which the filing is made.   |
| <b>Forms</b>                       |                              |   |
| Form Number                        | 14 VAC 5-100-50 1            | Form number must appear in lower left-hand corner of first page of each form.   |
| Company Name & Address             | 14 VAC 5-100-50 2            | Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.  |
| Final Form                         | 14 VAC 5-100-50 3            | Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.   |
| Application                        | 14 VAC 5-100-50 4            | Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)   |
| Type Size                          | 14 VAC 5-100-50 5            | Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.   |
| Parties to the Contract            | § 38.2-305 A 1               | Parties to the contract must be named. (Provide for name of issuer, applicant(s), policyowner/certificateholder.)   |
| Arbitration                        | § 38.2-312                   | Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.  |
| Fraud Notice                       | § 38.2-316 D 1               | Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.                                   |

Review Requirements Checklist  
LONG-TERM CARE APPLICATIONS

| REVIEW REQUIREMENTS                                      | REFERENCE                                  | COMMENTS   |
|--|--|--|
| Prohibited Statements                                    | § 38.2-316 D 3                             | No form should contain any statement or question, which has the potential or capacity to encourage misrepresentation.  |
| Medicaid Eligibility                                     | § 38.2-508.3                               | Can't use Medicaid status as an insurability factor.   |
| Inquiry for Prior Adverse Underwriting Decisions         | § 38.2-611                                 | Any questions regarding prior adverse underwriting decisions must also inquire as to the reason for the adverse underwriting decisions.                          |
| Applicant/Agent Certification                            | § 38.2-3402                                | Certification by applicant and agent required with signature lines.  |
| Direct Response  | 14 VAC 5-90-60 C 3                         | The disclosures contained therein must appear in all direct response applications whenever applicable.   |
|  | 14 VAC 5-200-65 A 1                        | The notice for lapse or termination must be satisfied in either the application or on a separate form..  |
|  | 14 VAC 5-200-65 A 2                        | Specific provisions for payroll or pension deduction plan.   |
|  | 14 VAC 5-200-80 B 1                        | Provides for listing of medications when applicable.   |
|  | 14 VAC 5-200-80 C 1                        | Caution notice near applicant's signature.   |
|  | 14 VAC 5-200-100 A 1                       | 5% compound inflation must be offered.   |
|  | 14 VAC 5-200-110 A                         | Questions for applicant.   |
|  | 14 VAC 5-200-110 B                         | Statements for agents.   |
|  | 14 VAC 5-200-175 C 2                       | Long-term care insurance personal worksheet must accompany application.  |
| <b>Privacy Disclosure Requirements (when applicable)</b> |  |  |
| Full Notice of Information Practices                     | § 38.2-604 B 1                             | The notice shall state whether personal information may be collected from persons other than an individual proposed for coverage.                                |
|  | § 38.2-604 B 2                             | The notice must specify the types of personal information that will be collected and the types of sources and investigative techniques that may be used.         |
|  | § 38.2-604 B 3<br>§ 38.2-613               | The notice must specify the types of disclosures identified in § 38.2-613 and the circumstances under which disclosures may be used without prior authorization. |
|  | § 38.2-604 B 4<br>§ 38.2-608<br>§ 38.2-609 | The notice must contain a description of the rights established under §§ 38.2-608 and 38.2-609 and the manner in which those rights may be exercised.            |
|  | § 38.2-604 B 5                             | The notice must disclose that information obtained by the insurance-support organization may be retained by them and disclosed to other persons.                 |
| Abbreviated Notice of Information Practices              | § 38.2-604 C 1                             | Personal information may be collected from persons other than an individual proposed for coverage.   |
|  | § 38.2-604 C 2                             | Information, as well as other personal or privileged information, in certain circumstances, may be disclosed to third parties without authorization.             |
|  | § 38.2-604 C 3                             | A right of access and correction exists with respect to all personal information collected.  |

Review Requirements Checklist  
LONG-TERM CARE APPLICATIONS

| REVIEW REQUIREMENTS            | REFERENCE                      | COMMENTS  |
|--------------------------------|--------------------------------|---|
|                                | § 38.2-604 C 4<br>§ 38.2-604 B | The notice prescribed in § 38.2-604 B will be furnished to the applicant or policyholder upon request.  |
| Authorization Form Contents    | § 38.2-606 1                   | The authorization must be written in plain language.  |
|                                | § 38.2-606 2                   | The authorization must be dated.  |
|                                | § 38.2-606 3                   | The authorization must specify the types of persons authorized to disclose information about the individual.  |
|                                | § 38.2-606 4                   | The authorization must specify the nature of the information authorized to be disclosed.  |
|                                | § 38.2-606 5                   | The authorization must identify the insurance institution and by generic reference representatives of the insurance institution to whom the individual is authorizing information to be disclosed.                                |
|                                | § 38.2-606 6                   | The authorization must specify the purpose(s) for which the information is collected.   |
|                                | § 38.2-606 7                   | The authorization must specify the length of time such authorization shall remain valid.  |
|                                | § 38.2-606 8                   | The authorization must advise the individual or a person authorized to act on behalf of the individual that the individual or the individual's authorized representative is entitled to receive a copy of the authorization form. |
| Investigative Consumer Reports | § 38.2-607 A 1                 | The authorization must state that the individual may request to be interviewed in connection with the preparation of the report.  |
|                                | § 38.2-607 A 2                 | The authorization must state that upon a request, pursuant to § 38.2-608, the individual is entitled to receive a copy of the report.   |

**Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at <http://www.scc.virginia.gov/boi/laws.aspx>**

The Life and Health Division, Forms and Rates Section handles long-term care applications. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist  
LONG-TERM CARE APPLICATIONS

I hereby certify that I have reviewed the attached long-term care application filing and determined that it is in compliance with the long-term care application checklist.

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ FAX No: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_