

STANDARDS FOR RIDERS, ENDORSEMENTS OR AMENDMENTS USED TO EFFECT INDIVIDUAL LONG-TERM CARE INSURANCE POLICY CHANGES

Scope: These standards apply to riders, endorsements or amendments that are used to effect policy changes that have been requested for an individual long-term care insurance policy by the owner. Such policy change forms may be attached to the individual long-term care insurance policy on the policy date of issue or after the policy date of issue.

Mix and Match: These standards are not available to be used in combination with State Product Components as described in Section 110(b) of the Operating Procedure for the Filing and Approval of Product Filings.

Self-Certification: These standards are not available to be filed on a self-certification basis.

§ 1 ADDITIONAL SUBMISSION REQUIREMENTS

A. GENERAL

The following additional submission requirements shall apply:

- (1) Include all forms filed for approval with the filing. Highlight changes to a previously approved form.
- (2) If the filing is being submitted on behalf of a company, include a letter or other document authorizing the firm to file on behalf of the company.
- (3) If the form contains variable items, include the Statement of Variability. The submission shall also include a certification that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.
- (4) Include a certification signed by a company officer that the form has a minimum Flesch Score of 50. See Appendix A of the respective long-term care insurance product standards with which the form will be used for the Flesch methodology.
- (5) Include a listing by filing jurisdiction of the types of policies with which the form will be used, including the policy form numbers, the corresponding approval date for these policies and any filing identification number.
- (6) Include a statement whether the form will be made a part of the policy at issue or is intended for use after the date of issue of a policy, or both.

B. VARIABILITY OF INFORMATION

The company may file a generic policy change form to accommodate all the policy changes required to reflect the underwriting needs of a company. To support the use of such form, the

submission shall include a Statement of Variability providing information sufficient to identify the potential policy changes that may be made.

The company shall identify items that will be considered variable. The item shall be bracketed or otherwise marked to denote variability. The submission shall include a Statement of Variability that will discuss the conditions under which each variable item may change.

The policy changes to be made shall be consistent with the Statement of Variability filed for such policy change form and the Statement of Variability filed for the individual long-term care insurance policy for which the change is being made, as well as the company's underwriting guidelines for such policy.

Items such as officer titles and officer signatures may be denoted as variable and may be changed without notice or prior approval.

§ 2 BENEFIT PROVISIONS

A. POLICY CHANGE FORM REQUIREMENTS

- (1) The full corporate name of the company shall appear on the form.
- (2) At least one signature of a company officer shall appear on the form if it is added after the date of issue of the policy.
- (3) The form shall contain a statement that it is made a part of the policy, and that the form provisions apply in lieu of any policy provisions to the contrary.
- (4) A form identification number shall appear at the bottom of the form in the left hand corner. The form number shall be adequate to distinguish the form from all others used by the company. The form number shall include a prefix of ICCxx (where xx represents the year the form was submitted for filing).
- (5) The form shall include:
 - (a) The policy number;
 - (b) The name of the insured for whom the change applies;
 - (c) The policy change requested by the owner;
 - (d) The resulting premium amount and optionally the change to the premium;
 - (e) The effective date of the policy change; and
 - (f) If the policy change has an expiry date or expiry age, the expiry date or expiry age for the policy change.

Date: 1/11/10

As recommended by the Product Standards Committee

- (6) If the policy change eliminates or reduces benefits or rights under the policy, the form shall require the signature of the owner. As an alternative, the company may certify that policy changes that eliminate or reduce benefits or rights under the policy shall be supported by an application signed by the owner or a signed written request from the owner.