From: Otten, William A

To: <u>Comments < comments@insurancecompact.org ></u>

Subject: LTC Standards 5- yr Review Cycle

Date: Tuesday, October 18, 2016 2:42:52 PM

RE: revisions to **Standards for forms Required to be Used with an Individual Long-Term Care Application**

Comments for suggested changes

Please accept the following comments for suggested changes to the above noted IIPRC Standard. The page number referenced corresponds to the page number of the standard posted on the Docket on the IIPRC webpage.

• Page 11: Under "Premium Information", we believe the highlighted section of the following sentence needs to be bracketed, as it would not apply to non-cancellable insurance:

The premium quoted in this worksheet isn't guaranteed and may change during the underwriting process and in the future while this [policy] [certificate] [rider] is in force.

 Page 14: We believe that the entire highlighted section below should be bracketed, as it would not apply to policies or riders which have no elimination/waiting period or cash deductible (such as MG II):

| What [elimination period][waiting period][cash deductible] are you considering? | | | |
|---|----------------------------|-------------------------------|-----|
| [Number of days ir | n [elimination period][wa | iting period] | |
| Approximate cost of care for | this period: \$ | | |
| (\$xxx per day times number o | of days in [elimination pe | riod][waiting period], wher | re |
| "xxx" represents the most rec | ent estimate of the natio | onal daily average cost of lo | ng- |
| term care)] | | | |
| [Cash Deductible \$] | | | |

How do you plan to pay for your care during the [elimination period] [waiting period] [deductible period]? (check all that apply)

♦ From my income **♦** From my savings/investments **♦** My family will pay

If that section were bracketed, we recognize that the Compact may choose to proscribe an alternative sentence that should appear on the Personal Worksheet for that type of policy/rider – suggestion below:

There is no [elimination period] [waiting period] [cash deductible] which must be satisfied in order to be eligible for benefits under this [policy] [certificate] [rider].

Please let me know if additional information is needed for any of these suggested changes.

Best regards,

Bill Otten
Lincoln Financial Group
Lead Consultant, Product Compliance, Filing & Implementation
(800) 258-3648 x 5620

E-mail: William.otten@lfg.com

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