

IIPRC-LTC-I-3-AMEND STANDARDS FOR RIDERS, ENDORSEMENTS OR AMENDMENTS USED TO EFFECT INDIVIDUAL LONG-TERM CARE INSURANCE POLICY CHANGES

- 1. Date Adopted: June 26, 2017
- 2. Purpose and Scope: These standards apply to products advertised, marketed or offered to provide benefits for one or more of the following: nursing home care, assisted living care or home health care and adult day care.

Partnership: Approval by the Interstate Insurance Product Regulation Commission ("IIPRC") of long-term care insurance product filings in compliance with one or more of the Uniform Standards for Individual Long-Term Care Insurance shall not be deemed as approval to use or provide any component of the product filing pursuant to any federal or state Individual Long-Term Care Insurance Partnership Program ("Partnership").

- 3. Rules Repealed, Amended or Suspended by the Rule: In accordance with the Five-Year Commission Review of Rules required by § 119 of the Rule for the Adoption, Amendment and Repeal of Rules for the Interstate Insurance Product Regulation Commission, this rule amends the *Standards for Riders, Endorsements or Amendments Used to Effect Individual Long-Term Care Insurance Policy Changes* originally adopted by the Interstate Insurance Product Regulation Commission on August 13, 2010. The amendments apply only to new filings received after the effective date of the amendments. It is not necessary to resubmit previously approved forms to comply with these amendments, or to suspend use of previously approved forms that do not comply with these amendments. See the **Transmittal Memo** under the Standards History on the Record for a more detailed description of the amendments.
- 4. Statutory Authority: Among the IIPRC's primary purposes and powers is to establish reasonable uniform standards for the insurance products covered in the Interstate Insurance Product Regulation Compact ('Compact'), specifically pursuant to Article I §2, Article IV §2 and Article VII §1 of the Compact, as enacted into law by each IIPRC member state.
- 5. Required Findings: These standards are not available to be used in combination with State Product Components as described in §111(b) of the Operating Procedure for the Filing and Approval of Product Filings. These standards are not available to be filed using the Rule for the Self-Certification of Product Components Filed with the Interstate Insurance Product Regulation Commission.
- 6. Effective Date: October 10, 2017

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

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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 § 111(b) of the Operating Procedure for the Filing and Approval of Product Filings.

Self-Certification: These standards are not available to be filed using the Rule for the Self-Certification of Product Components Filed with the Interstate Insurance Product Regulation Commission.

§ 1. ADDITIONAL SUBMISSION REQUIREMENTS

A. GENERAL

The following additional submission requirements shall apply:

- (1) All forms filed for approval shall be included 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

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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 insured (owner if there is one designated under the policy);
 - (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.
- (6) If the policy change eliminates or reduces benefits or rights under the policy, the form shall require the signature of the insured (owner if there is one designated under the policy). 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 insured owner if there is one designated under the policy) or a signed written request from the insured (owner if there is one designated under the policy).