

LONG TERM CARE INSURANCE IN LIFE INSURANCE AND ANNUITY CONTRACTS

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF/MIA TRACKING NO.:	

This checklist applies to long term care insurance provided by a life insurance policy or annuity contract other than by acceleration of the policy death benefit or in addition to the annuity benefits.

All section references are to the Insurance Article of the Annotated Code of Maryland, unless otherwise specified.

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing does
Not Comply**

Form/Page

A. Filing Requirements

Brief Statement of Requirement & Law/Regulation Cite	“X” Means Filing does Not Comply	Form/Page
A1. NAIC company number on submission letter – COMAR 31.04.17.03B		
A2. Duplicate forms required- COMAR 31.04.17.03A		
A3. Form number - COMAR 31.04.17.03D		
A4. Corporate name - COMAR 31.04.17.03G and COMAR 31.10.01.02B		
A5. Handwritten or typed modifications not acceptable COMAR 31.04.17.03H		
A6. Specimen Data - COMAR 31.04.17.03K		
A7. Signature of company officer - COMAR 31.04.17.03M		
A8. Form may not include advertising - COMAR 31.04.17.07		
A9. Variable information permitted only with statement of variability – COMAR 31.04.17.04A(1)		
A10. Contracts consisting of insert pages or sections permitted with list of possible combinations – COMAR 31.04.17.04B		
A11. Filing fee insufficient - §2-112(a)(9)		
A12. Description of new features - COMAR 31.04.17.03J		
A13. Long Term Care Partnership Policy filing submission must be separate from long term care partnership policy certification filing submission – COMAR 31.14.03.05		

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

B. Required Provisions

B1. Must provide minimum of 24 consecutive months coverage - §18-101(f)(1)		
B2. Premium increase required 45 days notice to the policyholder required – COMAR 31.14.02.03K		
B3. Statement required that contract will not be canceled for nonpayment unless insured and designated individual are notified of nonpayment - §18-118(a)(2)		
B4. Notice of 30-day free look required on first page – §18-119(b) and COMAR 31.14.01.04J(1)		
B5. Warning notice about incorrect answers required on first page if application is part of policy COMAR 31.14.01.06A(2)		
B6. Definitions may not be more restrictive than the following:		
a. Acute condition - COMAR 31.14.01.02B(2)		
b. Adult day care - COMAR 31.14.01.02B(3)		
c. Alzheimer's disease - COMAR 31.14.01.02B(4)		
d. Cognitive impairment - COMAR 31.14.01.02B(9)		
e. Domiciliary care - COMAR 31.14.01.02B(11)		
f. Hands-on assistance - COMAR 31.14.01.02B(17)		
g. Nursing home - COMAR 31.14.01.02B(28)		
h. Personal care - COMAR 31.14.01.02B(32)		
i. Pre-existing condition - §18-101(i); - COMAR 31.14.01.02B(34)		
j. “Usual and customary” must be defined if used - COMAR 31.14.01.05B		
B7. Define services in relation to level of skill required - COMAR 31.14.01.03A		
B8. Define providers of service - COMAR 31.14.01.03B(1)		
B9. When definition of a provider type requires license, certification, or registration, definition shall also state acceptable substitutions if state in which service is furnished does not require license, certification, or registration or uses a different provider name. - COMAR 31.14.01.03B(2)		
B10. Benefit triggers must be activities of daily living and cognitive impairment - COMAR 31.14.01.05E(1)		

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

B11. Contingent benefit: a. Contingent benefit upon lapse provision - COMAR 31.14.01.13E		
b. If nonforfeiture benefit in COMAR 31.14.01.13B(1) is rejected, contingent benefit upon lapse must be provided COMAR 31.14.01.13D(1)		
c. Nonforfeiture benefit under contingent benefit upon lapse provision must meet requirements of - COMAR 31.14.01.13F		
d. Contingent benefit upon lapse is effective during first 3 years the policy is in force, as well as after the first 3 years the policy is in force – COMAR 31.14.01.13F(6)		
e. Contingent benefit upon lapse triggers for policy with no limited paying premium period - COMAR 31.14.01.13E(3)		
<ul style="list-style-type: none"> Required table for triggers for a substantial premium increase for policy with no limited premium paying period - COMAR 31.14.01.13E(5) 		
<ul style="list-style-type: none"> Insurer must offer reduced benefits or to convert coverage to paid-up in lieu of substantial premium increase for policy without limited premium paying period – COMAR 31.14.01.13E(7) 		
f. Contingent benefit upon lapse triggers for policy with fixed or limited premium paying period - COMAR 31.14.01.13E(6)(a)		
<ul style="list-style-type: none"> Required table for triggers for substantial premium increase for policy with fixed or limited premium paying period – COMAR 31.14.01.13E(6)(c) 		
<ul style="list-style-type: none"> Contingent benefit upon lapse for policy with fixed or limited premium paying period provision is in addition to contingent benefit upon lapse for policy with policy with no fixed premium paying period provision. When both contingent benefits are triggered, the benefit provided is the insured’s option – COMAR 31.14.01.13E(6)(d) 		
<ul style="list-style-type: none"> Insurer must offer reduced benefits in lieu of premium increase for policy with fixed or limited premium paying period – COMAR 31.14.01.13E(9) 		
<ul style="list-style-type: none"> Even if offer of nonforfeiture benefit under COMAR 31.14.01.13B(1) is accepted for a policy with a fixed or limited premium paying period, the contingent benefit upon lapse benefit in COMAR 31.14.01.13E(6) still applies. 		

C. Other Requirements

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

<p>C1. Long Term Care Partnership Policy must comply with all requirements stated in the law §18-100 through §18-120 COMAR 31.14.03.05A</p>		
<p>C2. Long Term Care Partnership Policy must comply with all requirements stated in COMAR 31.14.01.01 through COMAR 31.14.01.36– COMAR 31.14.03.05D</p>		
<p>C3. Inflation Protection a. Must be offered - §18-114(b)</p>		
<p>b. Minimum requirements - §18-114(c) and COMAR 31.14.01.12</p>		
<p>c. Long Term Care Partnership Policy Inflation Protection Benefit Minimum inflation protection benefit required for Individual younger than 76 years old – COMAR 31.14.03.05F 1. Individual younger than 61 years old: <ul style="list-style-type: none"> • 3 percent compound annual inflation protection or; • Compound annual inflation protection with interest rate equal to annual increase in Consumer Price Index – All Urban COMAR 31.14.03.05F(1)(a) </p>		
<p>2. If applicant is older than 61 years old but younger than 76 years old, inflation protection must be provided, but applicant is permitted to reject level of inflation protection required by COMAR 31.14.01.12A - COMAR 31.14.03.05F(1)(b)</p>		
<p>3. Required inflation protection benefit may not be alternative inflation protection option permitted under COMAR 31.14.01.12B – COMAR 31.14.03.05F(3)</p>		
<p>4. If inflation protection benefit is based on Consumer Price Index, it must include text that if Consumer Price Index is discontinued or substantially changed, The carrier may substitute with comparable index only with prior approval by the Commissioner – COMAR 31.14.03.05F(5)(a)</p>		
<p>5. Requirements for inflation protection benefit based on increases in the Consumer Price Index – COMAR 31.14.03.05F(5)(b) and COMAR 31.14.03.05F(5)(c)</p>		
<p>C4. Nonforfeiture benefits a. must be offered – COMAR 31.14.01.13B(1), COMAR 31.14.01.13K</p>		
<p>b. Minimum benefit – COMAR 31.14.01.13C, COMAR 31.14.01.13F</p>		
<p>c. Calculation of the nonforfeiture credit – COMAR 31.14.01.13F(4) and COMAR 31.14.01.13G</p>		
<p>C5. Home health care a. Must be offered – COMAR 31.14.01.11A(1), COMAR 31.14.01.11E</p>		

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

b. Minimum benefit requirement – COMAR 31.14.01.11A(2)		
c. May offer benefit less than required by COMAR 31.14.01.11A(2) only when written rejection received from applicant – COMAR 31.14.01.11B		
d. Definition of home health care services - §18-110(a), COMAR 31.14.01.02B(18)		
e. May not condition benefits on the need for nursing facility or hospital care – COMAR 31.14.01.11C(1)		
f. May not condition benefits on insured first or simultaneously receiving nursing or therapeutic services at home or in a community setting - §18-110(b)(2)		
g. May not limit eligible services provided by RN or LPN - §18-110(b)(3)		
h. May not require nurse or therapist perform services which maybe performed by other licensed provided – §18-110(b)(4)		
i. May not require insured to have acute condition - §18-110(b)(5)		
j. May not limit benefits to services provided by medicare-certified providers - §18-110(b)(6)		
k. May not exclude coverage for personal care services provided by a home health aide – COMAR 31.14.01.11C(7)		
l. May not require home health care services to be at a level of certification or licensure greater than that required by the eligible service – COMAR 31.14.01.11C(8)		
C6. Riders		
a. Riders added after the date of issue that reduce benefits require policyholder signature – COMAR 31.14.01.05A(1)		
b. Riders issued after policy date that increase premiums require policyholder signature – COMAR 31.14.01.05A(2)		
c. Rider premium must be shown in rider or policy – COMAR 31.14.01.05A(3)		
d. Waiver riders not permitted after 6 month waiting period – COMAR 31.14.01.04C(4)		
C7. Unintentional lapse provisions		
a. Notice to designated third party of nonpayment of premium must be given at least 30 days prior to termination of coverage - COMAR 31.14.01.07F(1), COMAR 31.14.01.07F(2), and COMAR 31.14.01.04F		
b. Five months right to reinstate policy without further underwriting if proof of cognitive impairment or proof of loss of functional capacity is provided COMAR 31.14.01.07G		

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

C8. Required written designation of individual to receive notice of termination of policy for nonpayment of premium COMAR 31.14.01.07A(1), COMAR 31.14.01.07B		
C9. Required text for applicant’s rejection of designated Individuals to receive notice of non-payment of premium – COMAR 31.14.01.07C		
C10. Right to reduce coverage and lower premiums provision a. Required provision that allows the policyholder to reduce coverage and lower the premium to do at least one of the following: 1. Reduce the maximum benefit; or 2. Reduce the daily, weekly, or monthly benefit amount - COMAR 31.14.01.36A(1)		
b. Carrier may also offer other reduction options that are consistent with the policy or certificate design or the insurer’s administrative processes – COMAR 31.14.01.36A(2)		
c. Provision must include description of ways in which coverage may be reduced and the process for requesting and implementing a reduction in coverage - COMAR 31.14.01.36B		
C11. Availability of new services or providers; exchanges a. Notice required for new LTC series coverage for new LTC services or providers – COMAR 31.14.01.35A and 31.14.01.35B		
b. Method options to make new LTC coverage available - COMAR 31.14.01.35D		

D. Prohibited Provisions

D1. Alzheimer’s disease or other senile dementia must be covered same as other conditions or illnesses - §18-111		
D2. Coverage may not be cancelled, non-renewed, or terminated due to age or deterioration of mental or physical health – COMAR 31.14.01.04B(1)(a)		
D3. New waiting periods not permitted for replacement or Conversion coverage – COMAR 31.14.01.04B(1)(b)		
D4. Coverage may not be limited for skilled nursing care coverage nor provide different levels of coverage for skilled care – COMAR 31.14.01.04B(1)(c)		
D5. May not provide benefits at lower level of care if higher level of care not previously received – COMAR 31.14.01.04D(2)		
D6. Insurer may not deny a claim because services are provided in a state other than the state of issue under certain conditions – COMAR 31.14.01.04B(4)		
D7. Coverage may be terminated only for nonpayment of premiums, within the contestable period for material misrepresentation in the application, or for fraud in the application – COMAR 31.14.01.04F		

E. Limitations and Exclusions

E1. Pre-existing conditions exclusion a. May not exclude for longer than 6 months – COMAR 31.14.01.04C(1) and COMAR 31.14.01.04C(3)		
b. Must appear in separately titled paragraph – COMAR 31.14.01.05C		
E2. Limitations permitted only for conditions listed in following statutes - §18-109(b) , COMAR 31.14.01.04B(2)		
E3. Neither coverage nor benefits may be limited due to insured being victim of domestic violence - §27-504		

F. Replacement

F1. Must waive exclusionary periods to the extent satisfied under a prior plan – COMAR 31.14.01.10		
F2. Replacement notice a. must be provided to applicant – COMAR 31.14.01.06E and COMAR 31.14.01.06F		
b. must use required text – COMAR 31.14.01.22 and COMAR 31.14.01.23		

G. Applications

G1. Must ask about types and amounts of in-force LTC Insurance and other insurance, including HMO – §18-103(c)(6)(i) and COMAR 31.14.01.06C(1)		
G2. Must ask about LTC insurance in force during last 12 months - §18-103(c)(6)(ii) and COMAR 31.14.01.06C(2)		
G3. Must ask about coverage Under Medical Assistance – §18-103(c)(6)(iii) and COMAR 31.14.01.06C(2)(c)		
G4. Must ask whether applicant intends to replace medical coverage with LTC Coverage - §18-103(c)(6)(iv) and COMAR 31.14.01.06C(2)(d)		
G5. Questions about medications must ask applicant to list medications - §18-104(b) and COMAR 31.14.01.09B		
G6. Must include signed statement from applicant acknowledging receipt of notice of: a. Right to designate a person to receive termination notice COMAR 31.14.01.08A(1)(a)		
b. Right to Purchase Inflation Protection – COMAR 31.14.01.08A(1)(b)(i)		
c. Right to purchase home health care – COMAR 31.14.01.08A(1)(b)(ii)		
d. Right to purchase nonforfeiture benefits – COMAR 31.14.01.08A(1)(b)(iii)		
e. Benefits and costs of all options – COMAR 31.14.01.08A(2)		

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

G7. Notice required regarding incorrect or untrue statements – COMAR 31.14.01.06A(1)		
G8. For agent solicited applications, must list all LTC coverage still in force or terminated within past 5 years COMAR 31.14.01.06D		
G9. May not ask about domestic violence - §27-504		
G10. For payroll or pension deduction plan, must indicate payment plan selected by applicant on application – COMAR 31.14.01.07E(2)		
G11. Required text for waiver of inflation protection - COMAR 31.14.01.12J		
G12. Description of any pre-existing conditions limitation in Application must be same as in the policy - §12-205(b)(2)		
G13. Applications for Long Term Care Partnership Policy a. First page of application for partnership policy must clearly indicate application is for a partnership policy, unless used for both partnership policy and non-partnership policy - COMAR 31.14.03.06A(1)		
b. If application is used for both partnership policy and non-partnership policy, it must have separate section that identifies the inflation protection options required for partnership policy – COMAR 31.14.03.06A(2)		
c. Unless application requires all applicants, regardless of age, to purchase an inflation protection benefit of at least 5 percent compounded annually, it must show separate inflation options to elect depending on the age of the applicant – COMAR 31.14.03.06B(1) <ul style="list-style-type: none"> • For younger than 61 years old, it must show that the applicant must purchase either a 3 percentage compounded annually inflation protection benefit or 		
<ul style="list-style-type: none"> • Compound annual inflation protection with interest rate equal to annual increase in Consumer Price Index – All Urban Consumers, U.S. City Average, All Items – COMAR 31.14.03.06B(2) 		
<ul style="list-style-type: none"> • For older than 61 years old, but younger than 76 years old, it must show that the applicant must purchase an inflation protection benefit – COMAR 31.14.03.06B(3) 		
d. The application shall include the option to purchase inflation protection benefit of 5 percent compounded annually as required by COMAR 31.14.01.12A – COMAR 31.14.03.06B(4)		

H. Premiums

H1. Premium increase requires 45 days notice to the policyholder COMAR 31.14.02.03K		
---	--	--

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

H2. Premiums must be level - COMAR 31.14.01.04A(4), COMAR 31.14.01.04A(7) and COMAR 31.14.01.12G		
H3. Actuarial Memorandum must be submitted COMAR 31.14.02.04		
H4. Actuarial memorandum must include certifications listed in COMAR 31.14.02.04B(2) and COMAR 31.14.02.04C and D		
H5. Premiums and reserves for Long Term Care Partnership Policy must comply with COMAR 31.14.03.05E		

I. Disclosures

I1. Buyer’s Guide must be provided to applicant at time of application or before - §18-106		
I2. Outline of Coverage must be provided to applicant at time of application or before- §18-106		
I3. Notice required on first page of Outline of Coverage (and policy or rider) that benefits may not cover all costs of long term care - §18-103(c)(5)		
I4. Outline of Coverage must state the terms under which policy can be returned for refund of premium – COMAR 31.14.01.18.C(6)		
I5. Outline of Coverage must use required format - COMAR 31.14.01.21		
I6. Applicant must receive graphic comparison of benefit levels of increasing benefits vs. non-increasing benefits - §18-106(d)		
I7. Non-Qualified Plans – Statement required in policy and outline of coverage that the policy is not intended to be a qualified long-term care insurance contract. – COMAR 31.14.01.05G		
I8. Required disclosures of rating practices COMAR 31.14.02.03		
a. Long term care insurance personal worksheet COMAR 31.14.01.25C and COMAR 31.14.02.08		
b. Potential Rate Increase Disclosure Form required at time of application – COMAR 31.14.02.03A and COMAR 31.14.02.09		
I9. “Things You Should Know Before You Buy Long Term Care Insurance” disclosure must be delivered with personal worksheet – COMAR 31.14.01.25F and COMAR 31.14.01.30		
I10. Long term care suitability letter may be sent to applicant COMAR 31.14.01.25G and COMAR 31.14.01.31		
I11. Partnership policy schedule page disclosure required COMAR 31.14.03.05B		
I12. Disclosure requirement for Long Term Care Partnership Policy Coverage Certification Filing		
a. Disclosure notice on carrier’s letterhead – COMAR 31.14.03.05C(1), MIA Bulletin 09-13		
b. Disclosure notice, if modified, must be filed – COMAR 31.14.03.05C(2) through COMAR 31.14.03.05C(5)		

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

I13. Policy Summary requirements for Long Term Care Partnership Policy Certification Filing – COMAR 31.14.03.08, MIA Bulletin 09-13		
--	--	--

J. Requirements for Federally Qualified Plan

J1. May cover only qualified long term care services - COMAR 31.14.01.02C(1)(a)(i) and 31.14.01.27B(4)		
J2. May not pay for services reimbursable by medicare (except Indemnity contracts) – COMAR 31.14.01.02C(1)(a)(ii) and COMAR 31.14.01.02C(3)		
J3. Maximum frequency for required certifications regarding activities of daily living and cognitive impairment COMAR 31.14.01.27F		
J4. Qualified LTC contract may not exclude coverage for adult day care services when home health care or community care is provided – COMAR 31.14.01.11F		
J5. Cash Surrender value cannot be assigned, pledged as collateral or borrowed – COMAR 31.14.01.02C(1)(a)(iv)		
J6. Any refunds of premiums or policyholder dividends must be applied to reduce future premiums or to increase future benefits – COMAR 31.14.01.02C(1)(a)(v)		
J7. Definition of “chronically ill” must agree with COMAR 31.14.01.27B(1)		
J8. Definition of “activities of daily living” must agree with COMAR 31.14.01.26B		
J9. Definition of “licensed health care practitioner” must agree with COMAR 31.14.01.27B(2)		
J10. Definition of “maintenance or personal care services” must agree with COMAR 31.14.01.27B(3)		
J11. Definition of “qualified long-term care services” must agree with COMAR 31.14.01.27B(4)		
J12. Policy and Outline of Coverage must disclose that policy is qualified – COMAR 31.14.01.05F and COMAR 31.14.01.18C(8)		
J13. Applications may not contain medical questions if the policy is field issued - U.S. Code Title 26, Subtitle D, Chapter 43, Section 4980C(c)(1)(B)(vi)		
J14. Submit list of all riders intended to be used with the qualified policy. Please identify by description, form number and date of approval.		
J15. If premium paid with application, company must return Premium within 30 days of denial – U.S. Code Title 26, Subtitle D, Chpt. 43, Section 4980C(c)(1)(B)(i)		
J16. Policy may be field issued if the compensation to the field issuer is not based on the number of policies or certificates issued – COMAR 31.14.01.33E		

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page

<p>J17. If the insurer has paid benefits under a long term care policy, the insurer may not recover the benefits if such policy is rescinded – COMAR 31.14.01.33F</p>		
--	--	--

K. Reporting Requirements

<p>K1. A record of all policy (or rider) rescissions, both statewide and countrywide, must be maintained, except those requested by the policyholder. The insurer must file this information annually in the required format COMAR 31.14.01.09C</p>		
<p>K2. Annually by March 31 the insurer must report the total number of applications received from Maryland residents, the number of those who declined to provide information on the personal worksheet, the number of Maryland applicants who did not meet suitability standards, and the number of those who chose to confirm after receiving a suitability letter. COMAR 31.14.01.25H</p>		
<p>K3. Each insurer shall report annually by June 30: (a) the 10 percent of its insurance producers with the greatest percentage of lapses and replacements, (b) the number of lapsed policies as a percentage of its total annual sales and as a percentage of its total number of policies in force as of the end of the preceding year, (c) and the number of replacement policies sold as a percentage of its total annual sales and as a percentage of its total number of policies in force as of the preceding calendar year. - COMAR 31.14.01.24</p>		

COMMENTS:

Brief Statement of Requirement & Law/Regulation Cite

**“X” Means
Filing Does
Not Comply**

Form/Page
