STLD Data Call - Data Formatting Information

General Information

		Required	Data Type	Notes
1	NAIC Company Code	Yes	Integer	Submission Key
2	Group Code	Yes	Integer	If no Group Code, report 0
3	Carrier/Company Name	Yes	String	
4	Contact Name	Yes	String	
5	Contact Title	Yes	String	
6	Contact Phone Number	Yes	String	
7	Contact email address	Yes	String	
8	Past Marketing - Did the company market short term limited duration (STLD) forms during the prior 3 years, 2016 through 2018? (Yes/No)	Yes	String	Value must be Yes or No
9	Current Marketing: Did the company market STLD forms during the data call period? (Yes/No)	Yes	String	Value must be Yes or No
9a	If Yes, indicate how many distinct forms the company will market.	No	String	Required if #9 is Yes
10	Company Comments: (Optional)	No	String	

State/Form Data

		Required	Data Type	Notes
	NAIC Company Code (Key-From General Information Sheet)	NA	NA	Value pulls from General Inforamtion
1	**State (Key)**	Yes	String	2 digit state abbr for participating state, submission key
2	Form Name	Yes	String	
3	**Form Number (Key)**	Yes	String	submission key
4	SERFF Tracking Number	No	String	
5	Type of Insurance (TOI)	Yes	String	
6	Number of covered lives under individual plans	Yes	Integer	
7	Number of individual policies in force as the beginning of the data call period (January 1, 2019)	Yes	Integer	
8	Number of individual policies in force as of the end of the data call period (June 30, 2019)	Yes	Integer	
9	Number of individual policies renewed	Yes	Integer	
10	Number of covered lives under group plans	Yes	Integer	
11	Number of group certificates in force as the beginning of the data call period (January 1, 2019)	Yes	Integer	
12	Number of group certificates in force as of the end of the data call period (June 30, 2019)	Yes	Integer	
13	Number of group certificates renewed	Yes	Integer	
14	Number of member-requested cancellations	Yes	Integer	
15	Is health status used as a rating factor? (Yes/No)	Yes	String	Value must be Yes or No
15a	If Yes, provide the total number of denials issued based on health status at the point of initial application	No	String	
15b	If Yes, provide the total number of cancellations based on health status at the point of renewal	No	String	
16	Maximum term of form (in months)	Yes	Integer	
17	Number of renewals allowed	Yes	Integer	
18	Does the form offer coverage for prescription drugs? (Yes/No)	Yes	String	Value must be Yes or No
19	Maximum annual policy limits that apply to the form	Yes	String	
20	Maximum lifetime policy limits that apply to the form	Yes	String	
21	Total written premium during the reporting period	Yes	Integer	
22	Commission	Yes	Integer	
23	Other fees	Yes	Integer	
24	Number of claims received	Yes	Integer	
25	Number of claims paid	Yes	Integer	
26	Number of claims denied	Yes	Integer	
27	Number of complaints received	Yes	Integer	
28	Does the form cover state-mandated benefits for this state? (Yes/No)	Yes	String	Value must be Yes or No
28a	If Yes, list the benefits covered for individual policies	No	String	Required if #28 is Yes
28b	If Yes, list the benefits covered for group policies	No	String	Required if #28 is Yes
29	Describe how this form is marketed (i.e. Agency, Social Media, Email contacts, Telephone contacts, other).	Yes	String	
30	Do the marketing materials advertise coverage for mental health services? (Yes/No)	Yes	String	Value must be Yes or No
31	Do the marketing materials advertise coverage for substance use disorder services? (Yes/No)	Yes	String	Value must be Yes or No
32	Do the marketing materials advertise coverage for organ transplants? (Yes/No)	Yes	String	Value must be Yes or No

33	List all websites on which this form is being sold.	Yes	String	
34	Is a free look period offered for this form? (Yes/No)	Yes	String	Value must be Yes or No
34a	If yes, what is the time frame for the free look period?	No	String	Required if #34 is Yes
35	Describe how applications for this form are taken (i.e. Face-to-Face, Telephone, Internet, Mail, Other).	Yes	String	
36	Number of individuals who were enrolled during the data call period by: Online – either directly or via web broker	Yes	Integer	
37	Number of individuals who were enrolled during the data call period by: Phone	Yes	Integer	
38	Number of individuals who were enrolled during the data call period by: In person	Yes	Integer	
39	Number of individuals who were enrolled during the data call period by: Other	Yes	Integer	
39a	Specify "Other"	No	String	Required if #39 is greater than 0
40	How does the company oversee producers and/or websites selling this form?	Yes	String	
41	Does the company monitor sales and conduct follow-up contact with consumers to verify that they understood the product? (Yes/No)	Yes	String	Value must be Yes or No
42	Indicate the age range of individuals to whom the company will offer coverage.	Yes	String	
43	Are there any restrictions applied to renewability? (Yes/No)	Yes	String	Value must be Yes or No
43a	If Yes, what are those restrictions?	No	String	Required if #43 is Yes
44	Does the company offer coverage with preexisting condition limitations or exclusions? (Yes/No)	Yes	String	Value must be Yes or No
44a	If Yes, provide the definition of a pre-existing condition as it appears in the form.	No	String	Required if #44 is Yes
44b	If Yes, describe the range of effects of preexisting conditions which may include, for example, complete denial, waiting/look back period, exclusion of a medical condition or treatment, or any other limitation on coverage or benefit levels.	No	String	Required if #44 is Yes
45	Does the form include any dollar limits for specific benefits in addition to the annual and lifetime policy limits? (Yes/No)	Yes	String	Value must be Yes or No
45a	If Yes, itemize the benefits.	No	String	Required if #45 is Yes
46	Are riders/endorsements offered as part of the form? (Yes/No)	Yes	String	Value must be Yes or No
46a	If Yes, list the form number for each rider/endorsement and specify the type of coverage it provides.	No	String	Required if #46 is Yes
47	Does the form include rescission provisions? (Yes/No)	Yes	String	Value must be Yes or No
48	Is there an appeal process available to the insured? (Yes/No)	Yes	String	Value must be Yes or No
48a	If Yes, provide a full description of the appeal process	No	String	Required if #48 is Yes
48b	If Yes, provide the total number of claims that were appealed during the data call period	No	String	Required if #48 is Yes
48c	If Yes, provide the total number of denied claims that were overturned on appeal during the data call period	No	String	Required if #48 is Yes
48d	If Yes, provide the total number of denied claims that were upheld on appeal during the data call period	No	String	Required if #48 is Yes
49	Does the company delegate administration, claims, complaints, medical underwriting, pricing, producer appointments, advertisement, lead generation, enrollment or marketing of STLD policies to third parties? (Yes/No)	Yes	String	Value must be Yes or No
50	Is there any other person or entity the company pays, directly or indirectly, for services associated with issuance and service of these contracts? (Yes/No)	Yes	String	Value must be Yes or No
51	If Yes to either 49 or 50, for each of the following identify all applicable parties, and indicate whether each is properly licensed:	NA	NA	No value to be reported here
51a	Administration	No	String	Required if #49 or #50 are Yes
51b	Claims	No	String	Required if #49 or #50 are Yes
51c	Complaints	No	String	Required if #49 or #50 are Yes
51d	Medical underwriting	No	String	Required if #49 or #50 are Yes
51e	Pricing	No	String	Required if #49 or #50 are Yes
51f	Producer appointments	No	String	Required if #49 or #50 are Yes
51g	Marketing, advertisement, lead generation, enrollment	No	String	Required if #49 or #50 are Yes
51h	Other – specify	No	String	Required if #49 or #50 are Yes
52	Is the form marketed through an association? (Yes/No)	Yes	String	Value must be Yes or No
52a	If Yes, provide the association name	No	String	Required if #52 is Yes
52b	If Yes, provide the situs of the association	No	String	Required if #52 is Yes
53	Is the form marketed through a trust? (Yes/No)	Yes	String	Value must be Yes or No
53a	If Yes, provide the legal name of the trust linked to the form	No	String	Required if #53 is Yes
53b	If Yes, provide the situs of the trust	No	String	Required if #53 is Yes
54	Is the form marketed through an Administrator? (Yes/No)	Yes	String	Value must be Yes or No
54a	If Yes, provide the Name of the Administrator linked to the form	No	String	Required if #54 is Yes
54b	If Yes, provide the Situs of the Administrator	No	String	Required if #54 is Yes
55	Loss Ratio (Incurred Losses/Earned Premiums)	Yes	Decimal	Value should be entered as Decimal and NOT as a Percentage
56	General Comments: (Optional)	No	String	