NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

				FOR NAIC USE ONLY	
	DATI	E: <u> </u>	2/15/2017	Agenda Item # 2017-05BWG MOD	
CONTACT PERSON:				Year <u>2017</u>	
TELEPHONE:				Changes to Existing Reporting [X] New Reporting Requirement []	
EMAIL ADDRESS:				REVIEWED FOR ACCOUNTING	
ON BEHALF OF:				PRACTICES AND PROCEDURES IMPACT No Impact [X]	
				Modifies Required Disclosure []	
NAME:	Patricia Gosselin			<u>DISPOSITION</u>	
TITLE: AFFILIATION: New Hampshire Ins		ance Dep	partment	[] Rejected For Public Comment [] Referred To Another NAIC Group [] Received For Public Comment	
ADDRESS:	215 S. Fruit St., Ste. 14			[X] Adopted Date <u>06/14/2017</u> [] Rejected Date	
	Concord, NH 03301			[] Deferred Date	
BLANK(S) TO WHICH PROPOSAL APPLIES					
[X] ANNUAL STATEMENT [X] INSTRUCTIONS		[]	QUARTERLY CROSSCHECK		
[X] Life and Accident & Health[] Separate Accounts[] Other Specify		[X] [X]	Property/Casual Fraternal	ty [X] Health [] Title	
Anticipated Effective Date: Annual 2017					
IDENTIFICATION OF ITEM(S) TO CHANGE					
Add clarification to the line of business definitions for property and health for determining what line of business to report riders, endorsements and floaters. Also add clarification to the Analysis of Operation by Lines of Business instructions for life, heath and fraternal.					
REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**					
	en it should be reported as			should be reported as the same line of business more closely matches the coverages being added	
NAIC STAFF COMMENTS					
Comment on Effective Reporting Date:					
Other Comments:					

^{**} This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

APPENDIX

PROPERTY AND CASUALTY LINES OF BUSINESS

These definitions should be applied when reporting all applicable amounts for the following schedules: Underwriting and Investment Exhibit Parts 1, 1A, 1B, 2, and 2A; Exhibit of Premiums and Losses (Statutory Page 14); and the Insurance Expense Exhibit. Policy fees, service charges or membership charges are to be included with the line of business or in Other Income, as determined by SSAP No. 53—Property Casualty Contracts – Premiums.

Some lines of business (Lines 11, 17 and 18) are divided between "Occurrence" and "Claims Made."

Occurrence:

These policies cover insured events that occur within the effective dates of the policy, regardless of when they are reported to the reporting entity.

Claims Made:

These policies cover insured events that are reported (as defined in the policy) within the effective dates of the policy, subject to retroactive dates and extended reporting periods when applicable.

Force-Placed Business:

Include all types of business that are "force-placed" or "lender-placed" in the same pre-defined lines of business as business placed by borrower or creditor for the same coverage.

Force-placed (also known as lender-placed and creditor-placed insurance) is insurance that is placed by the lender subsequent to the date of the credit transaction, providing coverage against loss, expense or damage to collateralized property as a result of fire, theft, collision or other risks of loss that would either impair a creditor's interest or adversely affect the value of collateral covered by limited dual-interest insurance. It is purchased by the lender according to the terms of the credit agreement as a result of the borrower's failure to provide required insurance, with the cost of the coverage being charged to the borrower. It may be either single-interest insurance or limited dual-interest insurance.

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, then it is to be recorded on the same annual statement line as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, the rider, endorsement or floater should be reported on the same annual statement line as the base policy.

State-specific deviations should be addressed on the Exhibit of Premiums and Losses (State Page).

Line 1 – Fire

Coverage protecting the insured against the loss to real or personal property from damage caused by the peril of fire or lightning, including business interruption, loss of rents, etc.



ANNUAL STATEMENT INSTRUCTIONS – HEALTH

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

Please refer to the instructions in Statement of Revenues and Expenses for instructions and line descriptions for this Exhibit.

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, the rider, endorsement or floater should be reported on the same line of business as the base policy.

Column 1 Total

The amounts in this column are to agree with the corresponding amounts reported on Page 4, Column 2.

}		Detail Eliminated To Conserve Space
Column 4 –	Dental Only	
	Include:	Policies providing for dental only coverage issued as stand alone dental or as a rider to a medical policy that is not related to the medical policy through <u>premiums</u> , deductibles or out-of-pocket limits.
	Exclude:	Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contracts, Medicare Supplement and Vision only business.
Column 5 –	Vision Only	
	Include:	Policies providing for vision only coverage issued as stand alone vision or as a rider to a medical policy that is not related to the medical policy through <u>premiums</u> , deductibles or out-of-pocket limits.
	Exclude:	Administrative services only (ASO), other non-underwritten business, administrative services contracts (ASC), federal employees health benefit plan (FEHBP) premiums, comprehensive hospital and medical policies, Medicare (Title XVIII) and Medicaid (Title XIX) risk contract, Medicare Supplement, and Dental only business.
 		Detail Eliminated To Conserve Space

ANNUAL STATEMENT INSTRUCTIONS – HEALTH

DEFINITIONS OF LINES OF BUSINESS

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, the rider, endorsement or floater should be reported on the same line of business as the base policy.

Comprehensive (Hospital & Medical):

Business that provides for medical coverage including hospital, surgical, & major medical. Includes State Children's Health Insurance Program (SCHIP) Medicaid Program (Title XXI) risk contracts. Also includes medical only programs that provide medical only benefits without hospital coverage. Does not include self-insured business as well as federal employees health benefit programs (FEHBP), Medicare & Medicaid programs, and dental only business.

Medicare Supplement:

Business reported in the Medicare Supplement Insurance Experience Exhibit of the annual statements. Does not include Medicare (Title XVIII) or Medicaid (Title XIX) risk contracts.

Dental-Only:

Policies providing for dental only coverage issued as stand alone dental or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. Does not include self-insured business as well as federal employees health benefits plans (FEHBP) or Medicare & Medicaid programs.

Vision-Only:

Policies providing for vision only coverage issued as stand alone vision or as a rider to a medical policy that is not related to the medical policy through premiums, deductibles or out-of-pocket limits. Does not include self-insured business, federal employees health benefit plans (FEHBP) or Medicare & Medicaid programs.



ANNUAL STATEMENT INSTRUCTIONS – LIFE

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

This exhibit shows Lines 1 through 33 of the Summary of Operations by Line of Business.

A company shall not omit the columns for any lines of business in which it is not engaged.

Include in the premium, benefit, withdrawal or other appropriate captioned lines of this analysis of operations by lines of business, all separate accounts premiums, benefit, withdrawal or other types of transactions that are transferred to or from the Separate Accounts Statement on Line 26. Such transactions are also to be reported as premiums, benefits, withdrawals or other types of transactions in the analysis of operations by lines of business of the Separate Accounts Statement.

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, and has benefits that are not tied to the value or benefits of the underlying contract, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, Otherwise the rider, endorsement or floater should be reported on the same line of business as the base policy. Include incidental benefits such as total and permanent disability (including both waivers of premium and disability income benefits), accidental death benefits, accidental death and dismemberment benefits, etc., in the same lines of business as the contracts with which they are associated.

Column 1 Total

The lines in this column are to agree with Page 4, Column 1.



ANNUAL STATEMENT INSTRUCTIONS – FRATERNAL

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

The figures for the total Column 1 are identical to those in Summary of Operations, Page 4, Column 1. This analysis must be completed for the following lines of business regardless of the separation of funds or accounts required by the by-laws of the company: Life Insurance, Individual Annuities, Supplementary Contracts and Accident and Health.

A company shall not omit the columns for any lines of business in which it is not engaged.

Companies operating on a one-fund basis may, at their option, omit the use of Columns 8 and/or 9 in which case fraternal and/or general expense disbursements in Lines 19, 21, 22, 23 and 25 must be distributed appropriately by line of insurance in Columns 2 through 6.

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, and has benefits that are not tied to the value or benefits of the underlying contract, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, Otherwise the rider, endorsement or floater should be reported on the same line of business as the base policy. Include incidental benefits such as total and permanent disability (including both waivers of premium and disability income benefits), accidental death benefits, accidental death and dismemberment benefits, etc., in the same lines of business as the contracts with which they are associated.

Column 5 Accident and Health

Include:

All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.



Detail Eliminated To Conserve Space

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