



Long-Term Care Replacement and Lapse Reporting Form

Florida Office of Insurance Regulation

Pursuant to 690-157.111(1)(2)(4)(5), F.A.C.

Required Filers and General Reporting Definitions

Pursuant to 690-157.111(1)(2)(4)(5), F.A.C., every insurer shall maintain records for each agent of that agent's amount of replacement sales as a percentage of the agent's total annual sales in this state and the amount of lapses of long-term care insurance policies sold by the agent as a percentage of the agent's total annual sales in this state. (2) "Every insurer shall report annually by June 30 the 10 percent of its agents with the greatest percentages of lapses and replacements as measured by subsection 690-157.111(1), F.A.C. (4) Every insurer shall report annually by June 30 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 calendar year in this state in the format as prescribed in Appendix J, "Long-Term Care Insurance Replacement and Lapse Reporting Form OIR-B2-1555" (06/2017), which is incorporated herein by reference.(5) "Every insurer shall report annually by June 30 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 in this state in the format as prescribed in Appendix J, "Long-Term Care Insurance Replacement and Lapse Reporting Form OIR-B2-1555" (06/2017), which is incorporated herein by reference."

The required filers include the following Florida Certification of Authority Categories:

- (1) LIFE AND HEALTH INSURER
- (2) PROPERTY AND CASUALTY INSURER

having one or more of the following Florida Lines of Business active during the calendar reporting year:

- a. FRATERNAL HEALTH
- b. ACCIDENT AND HEALTH

“**NO DATA FILING**” is to be used if the reporting entity had:

- **No Replacement Sales and No Lapses long-term care policies by insurance carriers during the calendar reporting year.**

“**DATA FILING**” is to be used by all other reporting entities

This template is provided for reporting Long-Term Care replacement and lapsed policies by authorized Florida Insurance carriers.

DEADLINE FOR COMPLETING AND SUBMITTING THIS DATA FILING IS JUNE 30. IF THIS DATE OCCURS ON THE WEEKEND, IT IS THE NEXT BUSINESS DAY.

Data must be submitted on an individual company basis only.

Use the Insurance Regulation Filing System (IRFS) at <https://irfs.fldfs.com/> to submit your filing.

COMPONENTS OF THE FILING

Your Florida Long-Term Care Replacement and Lapse Reporting Data Filing will include the following components:

- **For a Data Filing** - Reporting Template – This is an Excel file. It is downloaded from within IRFS. You will click on “+” to download successfully.
- Contacts – Filers can add other individuals to received correspondence on this filing. Save once all individuals have been included.
- Data filers must complete a declaration of facts, signed by a company officer, and formatted as a PDF document, and upload it to the Affidavit Component.

- **No Data Filers** must complete a certification of no data.
- Other Information/Documents – Upload any information in the available formats needed to explain any data or other portion of the filing.

If you have any questions regarding IRFS support, please contact the Market Research and Technology Unit at 850-413-3147, or by email:

LTCDDataCall@flor.com

General Instructions

STEPS FOR PROCESSING AND REPORTING DATA TO THE OFFICE OF INSURANCE REGULATION:

- Log in to the IRFS system here: <https://irfs.fldfs.com/> and
- Once you login, add your company by clicking on “My Account” and selecting “Entity Management” from the drop-down menu.
- Select “+Add Entity”. Then select “Company” and click “Next”.
- Type in the name of your company and click on “Search”.
- Select your company and click on “Add Selected” button at the bottom of the page.
- Return to your Workbench and select “Create Filing”.
- Select the “Begin” button in the “Data Collection” title.
- Select “Companies”. Then select your company and click the “Next” button in the lower right-hand corner of your screen.
- In Step 2, select your data call and hit “Next”. Note: if you see a data call with a pink line through it, that means someone associated with your company has already filed that data call.
- In Step 3 click “Next”.
- Select the “Create” button in the lower right-hand corner of the screen and then select “Confirm” in the pop-up window.
- You will be automatically returned to your workbench, select your new filing by clicking the “Filing ID”.
- You must repeat steps 1 – 4 to create a Filing for each company that you represent.
- View and edit the filing on the Workbench by clicking the Filing ID in the first column.
- Expand components by clicking on the plus sign to the left of each component.
- In the Contacts Component, other email accounts subscribed to your company will be listed under Add Company Contact. Include additional email addresses that are not subscribers of the company in the text box. Any email listed in this component will receive email notifications about the filing. Click Save.

- Select the Florida Long-Term Care Replacement and Lapse Template. This is a mandatory component for data filing. Follow the instructions to download the Excel template file to your local PC. Save the template to your local drive – you may add to it as needed and upload it back to the same page in IRFS when you are ready.
- There is an optional Other Information/Documents component if you choose to include a letter or upload relevant documents.
- There is an optional Response to Request for Clarification component that may be ignored during the initial filing. This is for use only if the Office has questions after reviewing your filing.
- When all mandatory components are Complete, your filing may be submitted by clicking on the Submit button. You and any accounts listed in Company Contacts will receive an email receipt with your Filing ID. If you do not receive an email and the submission status does not change to Received, contact the Market Research and Technology Unit (MRTU).

If you have any questions, please contact the MRTU via email: LTCDataCall@flor.com or telephone 850-413-3147.

THE LTC REPLACEMENTS & LAPSES TEMPLATE FORMAT IS SHOWN BELOW

LTC Replacements & Lapses Template Contacts Tab

Open the Contacts page and verify the information displayed. Except for the last two questions, the below information is usually pre-populated from the user’s account information.

1. Please enter the date you are completing this report.
2. Complete any other responses that are not present or in need of correction so that all data validations on the right-hand are “TRUE”.

	I	J	K
2	Contact Information THIS IS REQUIRED INFORMATION that is to be provided each time the replacements & lapses template is submitted to the Office of Insurance Regulation.		VALIDATION CHECKS
3			
4			
5	Contact and General Questions	Responses	
7	Please provide the name of the individual responsible for the coordination and submission of the requested replacements & lapses.		FALSE
8	What is her or his email address?		FALSE
9	What is the best number where she or he can be reached?		FALSE
10	What is the Company's name?		FALSE
11	exists)		FALSE
12	What is the Company's Florida Company Code? ("00000" if no NAIC Code exists)		FALSE
13	What is the Company's FEIN?		FALSE
14	What is the Company's NAIC Group Code? ("0000" if no NAIC Group Code exists)		FALSE
15	What is the Company's State of Domicile?		FALSE
16	Date of Completing this Report (Date Report Completed)		FALSE
17	Reporting Period End Date	12/31/2022	TRUE

LTC Replacements & Lapses Template R&L

The purpose of this form is to report, on a statewide basis, information regarding long-term care insurance policy replacements and lapses. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

R&L tab has three different sections.

- The Totals section is requesting percentages as of December 31.
- Section One requests the top 10% of agents with the greatest percentage of replacements.
- Section Two is requesting the top 10% of agents Company with the greatest percentage of lapses.

COMPANY TOTALS				VALIDATION CHECKS
Percentage of Replacement Policies Sold to Total Annual Sales	Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year)	Percentage of Lapsed Policies to Total Annual Sales	Percentage of Lapsed policies to Policies In Force (as of the end of the preceding calendar year)	Required Data Field Complete?
				FALSE
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Percentage Please enter the percentage with only 1 digit, to the right of the decimal pint.((Ex. 99.9)</p> </div>				

SECTION ONE					VALIDATION CHECKS
TOP 10% OF AGENT WITH THE GREATEST PERCENTAGE OF REPLACEMENTS					
Agent's First and Last Name	Agent's Florida License Number	Total Number of Policies Sold by Agent	Total Number of Policies Replaced by Agent	Number of Replacements As a Percentage of Number Sold By Agent	Required Data Field Complete?
				0.00%	TRUE
				0.00%	TRUE
				0.00%	TRUE

SECTION TWO					VALIDATION CHECKS
TOP 10% OF AGENT WITH THE GREATEST PERCENTAGE OF LAPSES					
Agent's First and Last Name	Agent's Florida License Number	Total Number of Policies Sold by Agent	Total Number of Policies Lapsed by Agent	Number of Replacements as Percentage of Number Sold By Agent	Required Data Field Complete?
				0.00%	TRUE
				0.00%	TRUE
				0.00%	TRUE
				0.00%	TRUE