



Annual Long-Term Care Rescission Reporting Florida Office of Insurance Regulation

Pursuant to 624.424, 624.307(1), 627.9407(1), 627.410(7) Florida Statutes and 690-157.111 Florida Administrative Code

Required Filers and General Reporting Definitions

Pursuant to 690-157.111(9), F.A.C., “Every insurer or other entity selling or issuing long-term care insurance benefits shall maintain a record of all policy or certificate rescissions, both state and countrywide, except those that the insured voluntarily effectuated and shall annually furnish this information, by March 1 of each year”.

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 long-term care insurance policies contracts in force in the State of Florida as of December 31st of the calendar reporting year.**

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

This template is provided for reporting long-term care rescission by an authorized Florida Insurance carrier.

DEADLINE FOR COMPLETING AND SUBMITTING THIS DATA FILING IS MARCH 1. 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 Annual Long-Term Care Rescission 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 upload 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.
- The “Response to Request for Clarification” component should be used only as a response area after submission; upload documents to this component should the Office request additional information to complete your 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

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.
- 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 Rescission Reporting Template. This is a mandatory component for a 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 LONG-TERM CARE RESCISSION TEMPLATE FORMAT IS SHOWN BELOW

Contacts Tab

Open the Contacts page and verify the information displayed. Complete any other responses that are not present or in need of correction so that all data validations on the right-hand are “TRUE”.

Contact Information		VALIDATION CHECKS
THIS IS REQUIRED INFORMATION that is to be provided each time		
<i>Be sure to verify the cells we have pre-filled - they must be accurate!</i>		Required Data Field Complete?
Contact and General Questions		Responses
1	Please provide the name of the individual responsible for the coordination and submission of this requested information	FALSE
2	What is her or his email address?	FALSE
3	What is the best number where she or he can be reached?	FALSE
4	What is the Company's Name? (Group filings not allowed)	FALSE
5	What is the Company's NAIC Code? ("00000" if no NAIC Code exists)	FALSE
6	What is the Florida Company Code?	FALSE
7	What is the Company's FEIN?	FALSE
8	What is the Company's NAIC Group Code? ("0000" if no NAIC Code exists)	FALSE
9	What is the Company's State of Domicile?	FALSE
10	Date of Completing this Report (Date Reported Completed) (MM/DD/YYYY)	FALSE

Rescission Tab

Long-term rescission information is entered on the rescission tab. All fields are required to be completed within the row.

Section B -Long Term Care Rescission								
THIS IS REQUIRED INFORMATION that is to be provided each time the data template is submitted to the Office of Insurance Regulation.								
LINE NO.	POLICY FORM NUMBER	POLICY AND CERTIFICATE NUMBER	NAME OF INSURED	DATE OF POLICY ISSUANCE	DATE CLAIMS SUBMITTED	DATE OF RESCISSION (Decision to Rescind This Policy)	DETAILED REASON FOR RESCISSION	VALIDATION CHECK
1								TRUE
2								TRUE
3								TRUE
4								TRUE
5								TRUE
6								TRUE
7								TRUE
8								TRUE