Sample Annual Actuarial Certification
for
Existing Long-Term Care Insurance Premium Rate Schedule
In Accordance with Section 15 of the NAIC Model Regulation
For a Product(s) that is Currently Being Marketed

(For an actuary who is an insurer employee)

I, [name of actuary], am [title] of [name of insurer] and a member of the American Academy of Actuaries. I meet the Academy’s qualification standards for rendering this opinion and am familiar with the requirements for filing and reviewing long-term care insurance premiums.

In my opinion

{the premium rate schedule(s) [is/are] sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedule(s) [is/are] reasonably expected to be sustainable over the life of the [form/forms] with no future premium increases anticipated. Based on my review of recent experience of the policies involved through [year-end applicable], in my opinion the future margins remain equal to or greater than those originally filed.}

{the premium rate schedule(s) [is/are] sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedule(s) [is/are] reasonably expected to be sustainable over the life of the [form/forms] with no future premium increases anticipated. The policies involved are too new to have adequate recent experience to review, however, in my opinion the future margins remain equal to or greater than those originally filed.}

Note: If margins are sufficient but not equal to or greater than those originally filed, the actuary should amend this statement accordingly and must file the actuarial memorandum (even if out of sequence with the normal every third year filing requirements) describing the basis for the revised margin levels.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. Actuarial assumptions are [provided/available] in a separate actuarial memorandum.

Except where the opinion language above the "Note" is used, the certification should include the fact of and date when the appropriate officer of the company was notified with respect to the need for the company to develop and implement a plan of action to re-establish adequate margins, such as:
I have made my opinion known to ________, the ________ in charge of Long-Term Care Insurance operations for _____ on ______.

[Signature of Actuary]
[Name of Actuary (typed or written)]

[Address of Actuary]

[Telephone Number of Actuary]

[Date of Certification]