

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Dale Bruggeman</u> TITLE: <u>Chair SAPWG</u> AFFILIATION: <u>Ohio Department of Insurance</u> ADDRESS: <u>50W. Town St., 3rd Fl., Ste. 300</u> <u>Columbus, OH 43215</u>	DATE: <u>03/17/2017</u>	FOR NAIC USE ONLY
	Agenda Item # <u>2017-16BWG</u> Year <u>2017</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [X] New Reporting Requirement <input type="checkbox"/> []	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT
	No Impact <input checked="" type="checkbox"/> [X] Modifies Required Disclosure <input type="checkbox"/> []	DISPOSITION
	<input type="checkbox"/> [] Rejected For Public Comment <input type="checkbox"/> [] Referred To Another NAIC Group <input type="checkbox"/> [] Received For Public Comment <input checked="" type="checkbox"/> [X] Adopted Date <u>06/14/2017</u> <input type="checkbox"/> [] Rejected Date _____ <input type="checkbox"/> [] Deferred Date _____ <input type="checkbox"/> [] Other (Specify) _____	

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> [X] ANNUAL STATEMENT | <input type="checkbox"/> [] QUARTERLY STATEMENT | |
| <input checked="" type="checkbox"/> [X] INSTRUCTIONS | <input type="checkbox"/> [] CROSSCHECKS | <input type="checkbox"/> [] BLANK |
| <input checked="" type="checkbox"/> [X] Life and Accident & Health | <input checked="" type="checkbox"/> [X] Property/Casualty | <input checked="" type="checkbox"/> [X] Health |
| <input type="checkbox"/> [] Separate Accounts | <input checked="" type="checkbox"/> [X] Fraternal | <input type="checkbox"/> [] Title |
| <input type="checkbox"/> [] Other Specify | | |

Anticipated Effective Date: Annual 2017

IDENTIFICATION OF ITEM(S) TO CHANGE

Add new disclosure to Note 14, Liabilities, Contingencies and Assessments for Long-Term Care insolvencies related guaranty funds liabilities and assets. The new illustration for the disclosure will be data captured.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this disclosure is to bring into Note 14, Liabilities, Contingencies and Assessments the new disclosures adopted by the Statutory Accounting Principles Working Group for *SSAP No. 35R—Guaranty Fund and Other Assessments*

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

NOTES TO FINANCIAL STATEMENTS

=====
Detail Eliminated To Conserve Space
=====

14. Liabilities, Contingencies and Assessments

Instruction:

=====
Detail Eliminated To Conserve Space
=====

B. Assessments

=====
Detail Eliminated To Conserve Space
=====

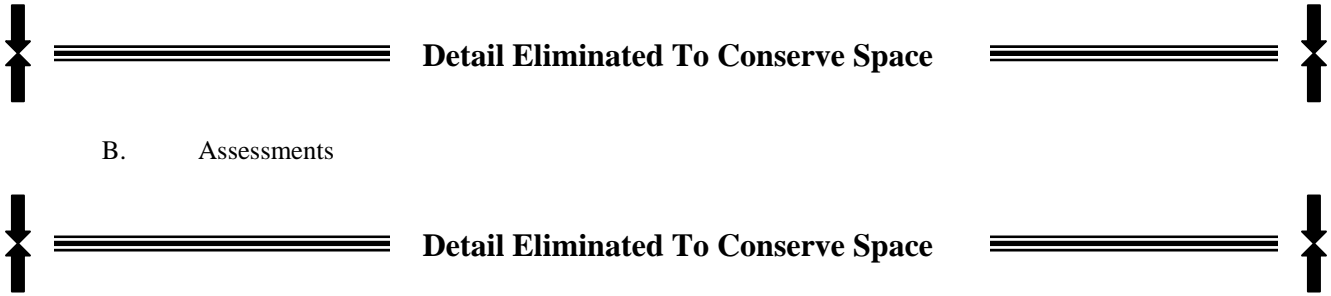
(3) The financial statements shall disclose the following related to guaranty fund liabilities and assets related to assessments from insolvencies of entities that wrote long-term care contracts.

- The discount rate applied as of the current reporting date (determined in accordance with SSAP No. 35R—Guaranty Fund and Other Assessments);
- The following disclosures shall be by insolvency:
 - ❖ The undiscounted and discounted amount of the guaranty fund assessments and related assets;
 - ❖ The number of jurisdictions for which the long-term care guaranty fund assessments payables were discounted and the number of jurisdictions for which asset recoverables were discounted (e.g., 2-10, 5-20);
 - ❖ Identify the ranges of years used to discount the assets and the range of years used to discount the liabilities;
 - ❖ The weighted average numbers of years of the discounting time period for long term care guaranty fund assessment liabilities; and
 - ❖ The weighted average number of years of the discounting time period for the asset recoverables.

Disclosures shall be made in accordance with *SSAP No. 5R—Liabilities, Contingencies and Impairment of Assets* when there is at least a reasonable possibility that the impairment of an asset from premium tax offsets or policy surcharges may have been incurred.

=====
Detail Eliminated To Conserve Space
=====

Illustration:



B. Assessments

THIS EXACT FORMAT MUST BE USED IN THE PREPARATION OF THIS NOTE FOR THE TABLE BELOW. REPORTING ENTITIES ARE NOT PRECLUDED FROM PROVIDING CLARIFYING DISCLOSURE BEFORE OR AFTER THIS ILLUSTRATION.

(3)

- a. Discount Rate Applied %
- b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency:

<u>Name of the Insolvency</u>	<u>Guaranty Fund Assessment</u>		<u>Related Assets</u>	
	<u>Undiscounted</u>	<u>Discounted</u>	<u>Undiscounted</u>	<u>Discounted</u>
.....	\$	\$	\$	\$
.....
.....
.....

- c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Reoverables by Insolvency:

<u>Name of the Insolvency</u>	<u>Payables</u>			<u>Recoverables</u>		
	<u>Number of Jurisdictions</u>	<u>Range of Years</u>	<u>Weighted Average Number of Years</u>	<u>Number of Jurisdictions</u>	<u>Range of Years</u>	<u>Weighted Average Number of Years</u>
.....
.....
.....
.....



This page intentionally left blank.