

# **Market Conduct Annual Statement 2022 Data Year Filings**

*Travel Insurance*

*Data Elements & Validations*



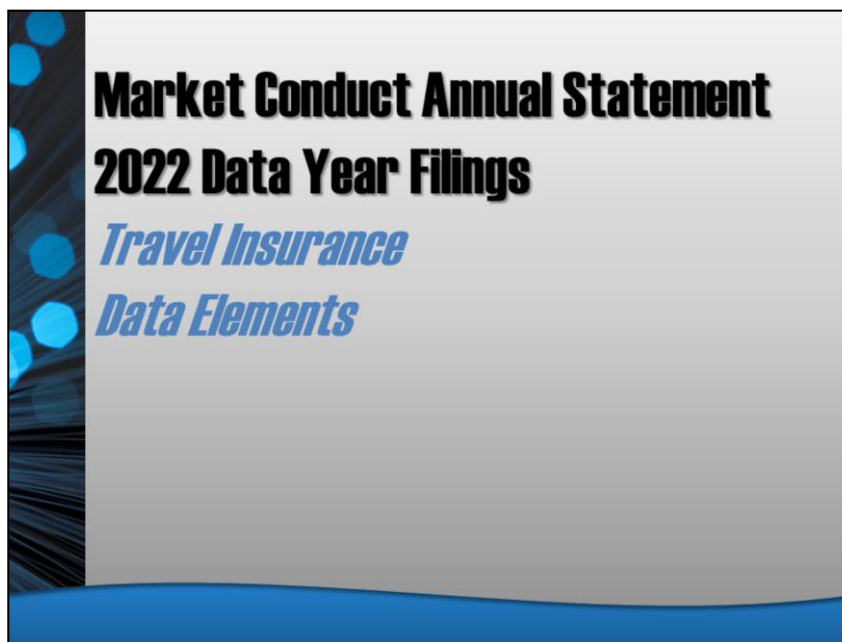
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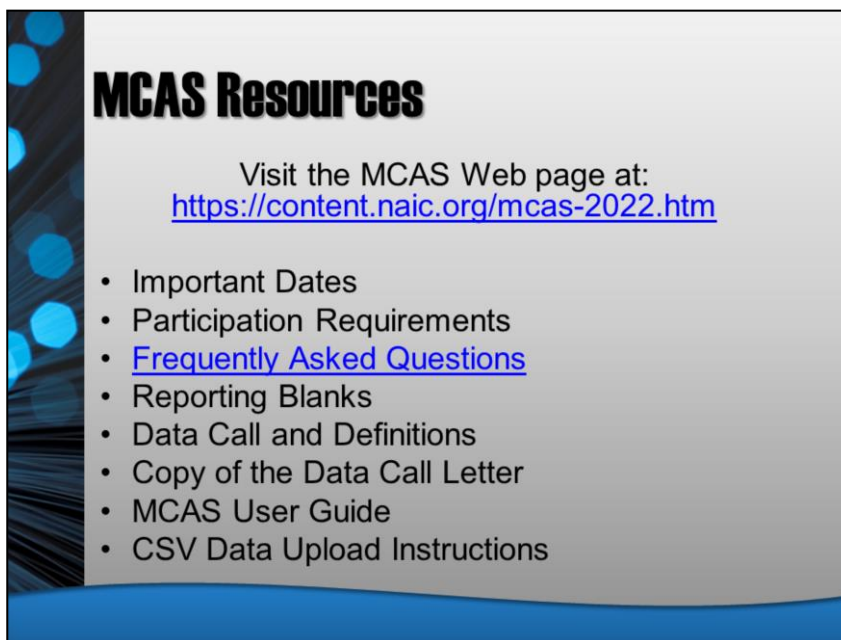
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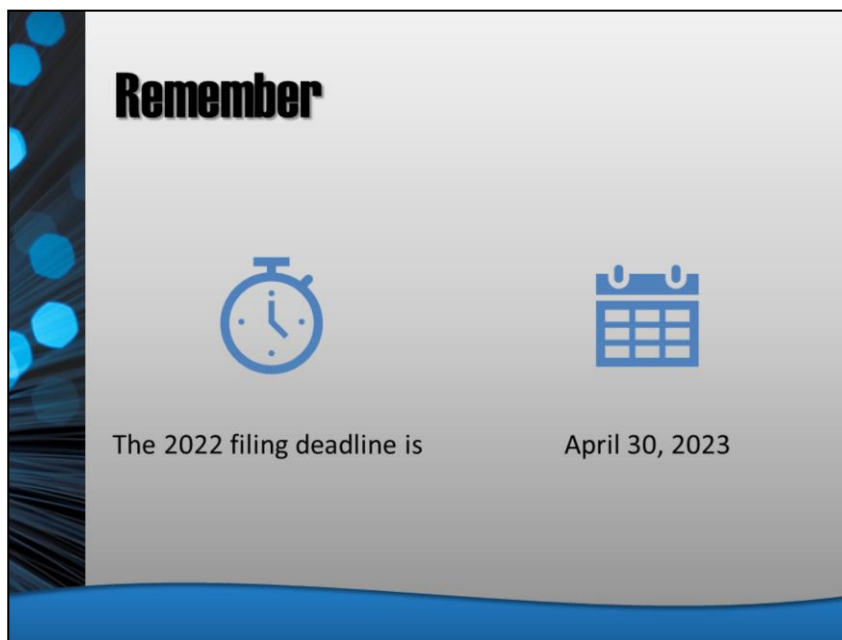
In this handout we will be reviewing the data elements that must be provided for the Travel Insurance MCAS.



The MCAS web page has many MCAS related resources available for your review. I encourage you to visit the page frequently to find the latest reporting information.

The available resources include:

- A Listing of Important Dates
- Participation Requirements
- Frequently Asked Questions
- Reporting Blanks
- Data Call and Definitions
- Copy of the Data Call Letter
- MCAS User Guide
- And CSV Data Upload Instructions



Please remember that the current data year filing deadline is April 30<sup>th</sup> .

## Remember

### MCAS Threshold:

- There is no premium threshold for Travel Insurance.
- Any positive written premium for Travel Insurance is reported for that jurisdiction.

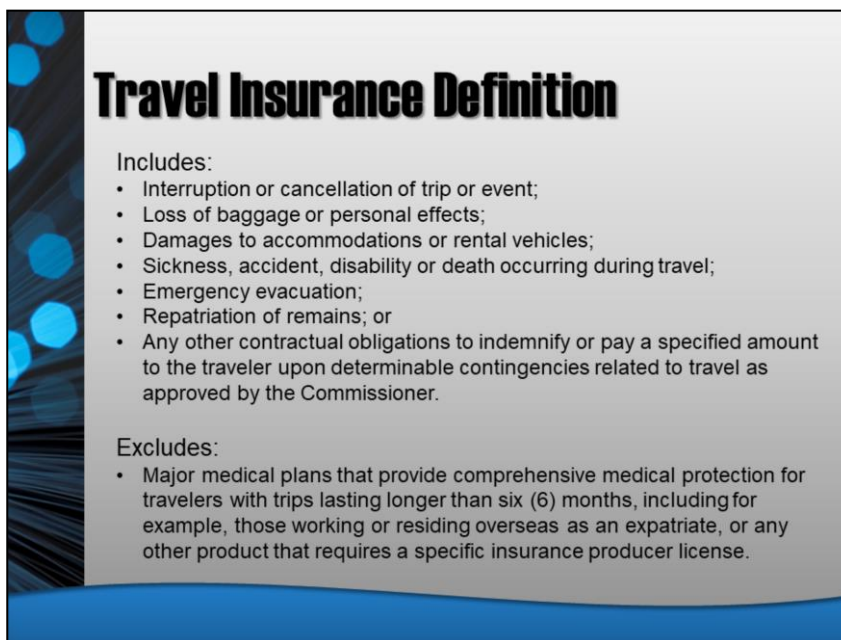
And there is no minimum premium threshold for Travel Insurance. All companies licensed and reporting any travel insurance within any of the participating MCAS jurisdictions must report.

## Travel Insurance Definition

- Travel Insurance means insurance coverage for personal risks incident to planned travel.



Travel Insurance is defined as insurance coverage for personal risks incident to planned travel.

A graphic with a dark blue background on the left featuring a pattern of glowing blue circles. The right side has a light gray background with a blue wavy border at the bottom. The title "Travel Insurance Definition" is in bold black text. Below it, "Includes:" is followed by a bulleted list of seven items. "Excludes:" is followed by a bulleted list of one item.

## Travel Insurance Definition

Includes:

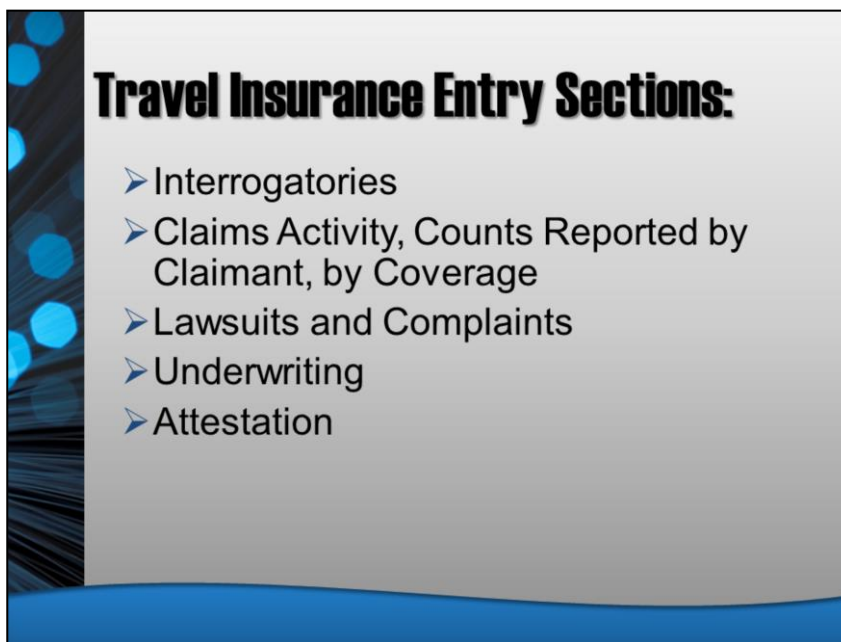
- Interruption or cancellation of trip or event;
- Loss of baggage or personal effects;
- Damages to accommodations or rental vehicles;
- Sickness, accident, disability or death occurring during travel;
- Emergency evacuation;
- Repatriation of remains; or
- Any other contractual obligations to indemnify or pay a specified amount to the traveler upon determinable contingencies related to travel as approved by the Commissioner.

Excludes:

- Major medical plans that provide comprehensive medical protection for travelers with trips lasting longer than six (6) months, including for example, those working or residing overseas as an expatriate, or any other product that requires a specific insurance producer license.

Travel Insurance includes: Interruption or cancellation of trip or event; Loss of baggage or personal effects; Damages to accommodations or rental vehicles; Sickness, accident, disability or death occurring during travel; Emergency evacuation; Repatriation of remains; or any other contractual obligations to indemnify or pay a specified amount to the traveler upon determinable contingencies related to travel as approved by the Commissioner.

Travel Insurance excludes: major medical plans that provide comprehensive medical protection for travelers with trips lasting longer than six (6) months, including for example, those working or residing overseas as an expatriate, or any other product that requires a specific insurance producer license.



## **Travel Insurance Entry Sections:**

- Interrogatories
- Claims Activity, Counts Reported by Claimant, by Coverage
- Lawsuits and Complaints
- Underwriting
- Attestation

There are five types of data entry questions for the Travel MCAS, including:

- Interrogatories,
- Claims Activity, Counts Reported by Claimant, by Coverage,
- Lawsuits and Complaints,
- Underwriting, and
- The Attestation.

# Interrogatories

## Travel Interrogatories

- 01 Were there policies/certificates in force during the reporting period that provide travel insurance coverage?
- 02 Has the company had a significant event/business strategy that would affect data for this reporting period?
- 03 If yes, add additional comments
- 04 Has this block of business or part of this block of business been sold, closed or moved to another company during the reporting period?
- 05 If yes, add additional comments
- 06 How does the company treat subsequent supplemental or additional payments on previously closed claims?
- 07 Does the company use third party administrators (TPAs) for purposes of supporting the travel insurance business being reported?
- 08 If yes, provide the names and functions of each TPA.
- 09 Does the company use managing general agents (MGAs) for purposes of supporting the travel insurance business being reported?
- 10 If yes, provide the names and functions of each MGA.
- 11 Does the company use travel administrators for purposes of supporting the travel insurance business being reported?
- 12 If yes, provide the names and functions of each travel administrator.
- 13 Number of Travel Retailers offering and disseminating Travel Insurance on behalf of the Company at the end of the reporting period.
- 14 Additional state specific Claims comments (optional)
- 15 Additional state specific Lawsuit and Complaints comments (optional)
- 16 Additional state specific Underwriting comments (optional)

The interrogatories provide one location for all comments and questions that require a text response.

# Interrogatories

**Schedule 1 – Interrogatories**

ID	Description	Comment
1-01	Were there policies/certificates in force during the reporting period that provide travel insurance coverage?	Yes/No
1-02	Has the company had a significant event/business strategy that would affect data for this reporting period?	Yes/No
1-03	If yes, add additional comments	Comment
1-04	Has this block of business or part of this block of business been sold, closed or moved to another company during the reporting period?	Yes/No
1-05	If yes, add additional comments	Comment
1-06	How does the company treat subsequent supplemental or additional payments on previously closed claims?	Comment

The first interrogatory question asks if there were policies/certificates in force during the reporting period that provided travel insurance coverage. The wording of this question takes into consideration that some companies need to report underwriting data for Travel Insurance but have no claims data to report. Companies can indicate the coverage for which their in-force policies provided coverage, and they can enter all zeros in the claims section if there were no claims and only underwriting data needs to be reported.

Then you are asked if there has been a significant event or business strategy that would affect the data for this reporting period. These could include assuming blocks of business, shifting market strategies, or underwriting changes. If you answer yes, you must explain in the comment section.

Next you are asked if any part of the block of business has been sold, closed or moved to another company during the reporting period. These questions are your opportunity to explain any of your data that you anticipate may generate an inquiry from insurance regulators.

The last question shown here asks how your company treats subsequent supplemental or additional payments on previously closed claims. The purpose of this question is to help regulators better understand your reported claim counts. For example, is a new claim opened or is the original claim reopened.

It is important that these questions be answered fully, to allow regulators to have an understanding of your company's status and reporting methods.

# Interrogatories

1-07	Does the company use third party administrators (TPAs) for purposes of supporting the travel insurance business being reported?	Yes/No
1-08	If yes, provide the names and functions of each TPA.	Comment
1-09	Does the company use managing general agents (MGAs) for purposes of supporting the travel insurance business being reported?	Yes/No
1-10	If yes, provide the names and functions of each MGA.	Comment
1-11	Does the company use travel administrators for purposes of supporting the travel insurance business being reported?	Yes/No
1-12	If yes, provide the names and functions of each travel administrator.	Comment
1-13	Number of Travel Retailers offering and disseminating Travel Insurance on behalf of the Company at the end of the reporting period.	Comment
1-14	Additional state specific Claims comments (optional)	Comment
1-15	Additional state specific Lawsuit and Complaints comments (optional)	Comment
1-16	Additional state specific Underwriting comments (optional)	Comment

The next set of interrogatories focus on the company's use of third-party administrators (TPAs), managing general agents (MGAs) and travel administrators. If the company uses TPAs, MGAs or travel administrators for purposes of supporting the travel insurance business being reported, their names and functions must be provided.

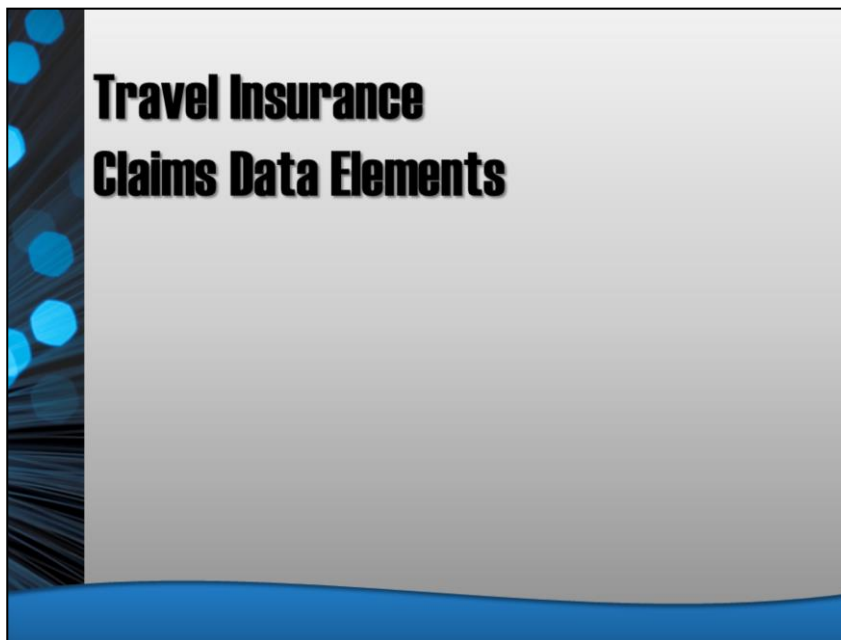
In addition, there is a question asking for the number of travel retailers offering and disseminating travel insurance on behalf of the company at the end of the reporting period.

A **Travel Retailer** means a business entity that makes, arranges or offers planned travel and may offer and disseminate Travel Insurance as a service to its customers on behalf of and under the direction of a Limited Lines Travel Insurance Producer.

# Interrogatories

1-07	Does the company use third party administrators (TPAs) for purposes of supporting the travel insurance business being reported?	Yes/No
1-08	If yes, provide the names and functions of each TPA.	Comment
1-09	Does the company use managing general agents (MGAs) for purposes of supporting the travel insurance business being reported?	Yes/No
1-10	If yes, provide the names and functions of each MGA.	Comment
1-11	Does the company use travel administrators for purposes of supporting the travel insurance business being reported?	Yes/No
1-12	If yes, provide the names and functions of each travel administrator.	Comment
1-13	Number of Travel Retailers offering and disseminating Travel Insurance on behalf of the Company at the end of the reporting period.	Comment
1-14	Additional state specific Claims comments (optional)	Comment
1-15	Additional state specific Lawsuit and Complaints comments (optional)	Comment
1-16	Additional state specific Underwriting comments (optional)	Comment

The final three interrogatory lines provide comment boxes where you may enter any state specific Claims, Lawsuit and Complaints, and Underwriting comments. Any areas of your data that may cause questions, or that generated a warning message when validating your data, should be explained fully in these comment areas. Please review the MCAS validations in more detail along with the importance of using the comments sections.



## Travel Insurance Coverage Parts

- Trip Cancellation
- Trip Interruption
- Trip Delay
- Baggage Loss/Delay
- Emergency Medical/Dental
- Emergency Transportation/Repatriation
- Other



There are seven coverage parts for the Travel Insurance MCAS, including:

- Trip Cancellation,
- Trip Interruption,
- Trip Delay,
- Baggage Loss/Delay,
- Emergency Medical/Dental,
- Emergency Transportation/Repatriation, and
- Other

For these terms, the NAIC asks that the insurer use definitions that meet industry standards. To the extent the insurer's definitions differ from industry standards, the NAIC asks that the insurer provide those definitions.



In addition, there are other breakouts. Each Travel Insurance coverage is broken out by Domestic vs. International coverage.

**Domestic coverage** is defined as coverage for travel originating and contained within the United States including travel directly to and from mainland United States to Hawaii, Alaska and United States territories. **International Coverage** is coverage for any travel other than Domestic.

Emergency Medical/Dental coverage is also broken out by Primary vs. Excess/Secondary coverage.



When providing data on the claims data elements, you must remember to split the responses among the coverage parts. For example, do not mix Trip Cancellation claims with Trip Interruption claims, or Baggage Loss/Delay claims with Trip Delay claims.

# Opened & Closed Claims

## Schedule 2—Travel Claims Activity, Counts Reported by Claimant, by Coverage

Report the number of reserves/lines/features opened for each coverage part per claim.

ID	Description
2-17	Number of claims open at the beginning of the period
2-18	Number of claims opened during the period
2-19	Number of claims closed during the period, with payment
2-20	Number of claims closed during the period, without payment
2-21	Number of claims open at the end of the period
2-22	Median days to final payment
2-23	Number of claims closed with payment within 0-30 days
2-24	Number of claims closed with payment within 31-90 days
2-25	Number of claims closed with payment beyond 90 days
2-26	Number of claims closed without payment within 0-30 days
2-27	Number of claims closed without payment within 31-90 days
2-28	Number of claims closed without payment beyond 90 days
2-29	Dollar amount of claims closed with payment

**January 1, 2022 – December 31, 2022**

The claims questions begin by asking for the number of claims opened and closed throughout the current reporting period. The current reporting period is January 1<sup>st</sup> to December 31<sup>st</sup>.

You are asked to indicate the number of claims open at the beginning of the period, the number of claims opened DURING the period, the number of claims closed DURING the period WITH payment, the number of claims closed DURING the period WITHOUT payment, and the number of claims open at the end of the period.

## Travel Insurance Data Call & Definitions

**Claim** - A request or demand for payment of a loss that may be included within the terms of coverage of an insurance policy/certificate. Each claimant/insured reporting a loss is counted separately.



According to the Data Call and Definitions, the definition of a claim is:

A request or demand for payment of a loss that may be included within the terms of coverage of an insurance policy/certificate. Each claimant/insured reporting a loss is counted separately. This includes both first, and third-party claims.

# Travel Insurance Data Call & Definitions

## Claims

### Exclude:

- An event reported for “information only”.
- An inquiry of coverage if a claim has not actually been presented (opened) for payment.
- A potential claimant if that individual has not made a claim nor had a claim made on his or her behalf.

It's very important to remember, however, that you must not report an event that is reported to you as “information only”; an inquiry of coverage if a claim has not actually been presented (or opened) for payment; or any potential claimant if that individual has not actually made a claim nor had a claim made on his or her behalf.

# Precautionary Reserves



**Do Not Count as Opened or Closed Claims**

If it is your company's practice to open precautionary reserves on all potential claimants and then close them without payment as the investigation progresses, then you should not include those in the count of claims opened or the count of claims closed without payment.

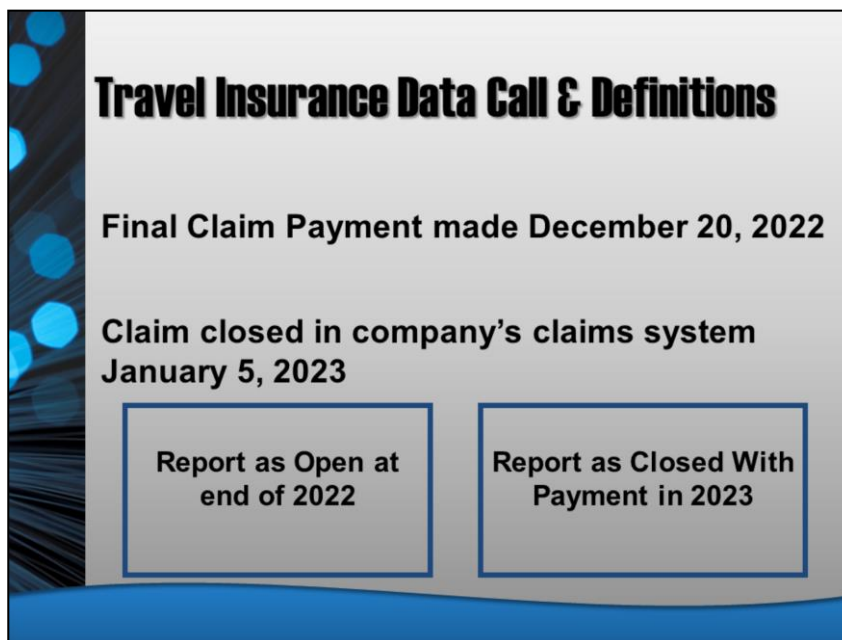
## Travel Insurance Data Call & Definitions

**Claims Closed with Payment** – Claims closed with payment where the claim was closed during the reporting period regardless of the date of loss or when the claim was received.



Remember that “Claims Closed WITH Payment” should include only those claims where the claim was **closed** during the reporting period. The number of days to closure, however, should be measured as the difference between the date of the final payment and the date the claim was reported or between the date of the final payment and the date the request for supplemental payment was received.

Also, it does not matter that the claim may have been opened in any prior period, if it is closed in the company’s claims system during the reporting period and a payment was made, it is counted as a Claim Closed WITH Payment.



For example, if the final claim payment is made on December 20, during the reporting period, and the claim is closed in the company's claims system on January 5, of the next reporting period, The claim would not be reported as closed with payment until the next MCAS data year is reported.

Total Payment to Insured = \$50,000  
Subrogation Recovered = \$50,000  
Net Loss = 0

1025

Payment  
Subrogation

Closed with payment

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

MEMO \_\_\_\_\_

⑆000000000⑆ ⑆00000000 ⑆0 25

Also, if you made a payment to the insured, but were able to subrogate the entire amount so that your net payment was zero, it would still be counted as a claim closed WITH payment.

## Travel Insurance Data Call & Definitions

**Claims Closed WITHOUT Payment** – Claims closed with no payment to an insured or third party.

Include:

- Claims that are closed because the amount claimed is below the insured's deductible. (As noted previously, these are to be included in the total, and counted separately.)

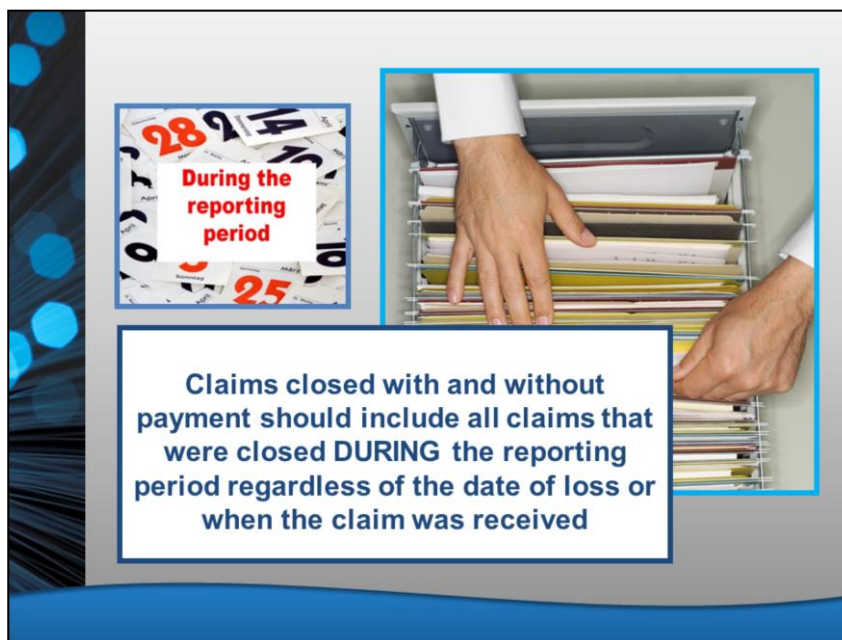


Claims closed without payment are defined as claims closed with no payment made to an insured or third party. The number of days to closure is the difference between the date the claim was closed and the date the claim was reported and/or reopened.

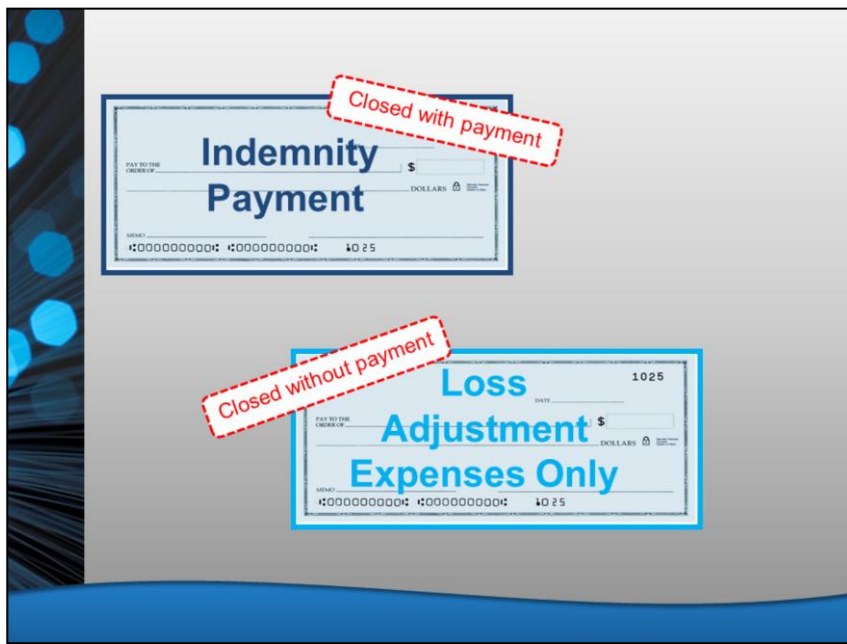
Claims that were closed because the amount claimed was below the insured's deductible are to be included in the count of "Claims Closed WITHOUT Payment".



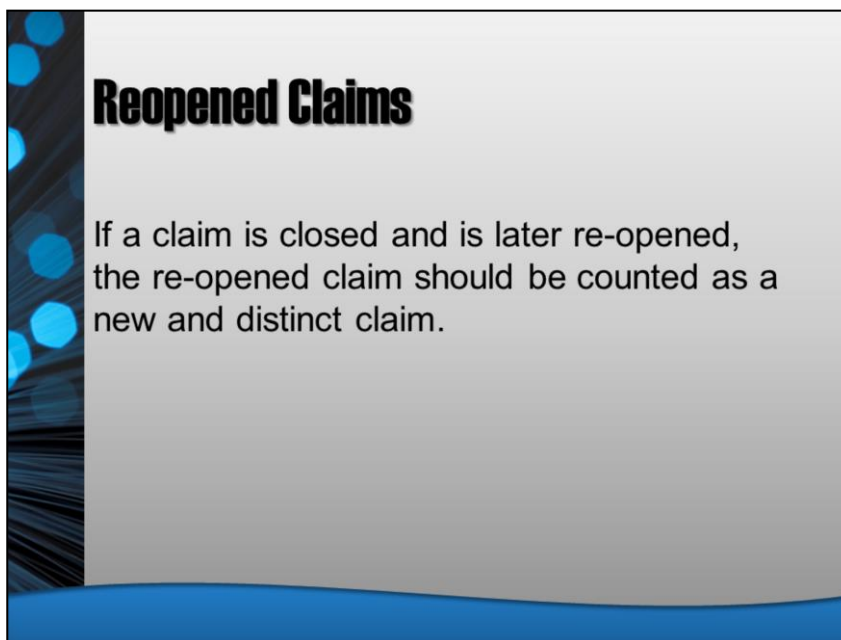
In addition to claims closed below the deductible, other types of claims that should be reported as “closed **without** payment” are those where the only payments made on the claim were loss adjusting expenses, or if a claim is made, a claim file is set up and investigated, and it is then determined that no policy/certificate was in-force at the time of loss. Claims closed because primary coverage was available elsewhere would also be included.



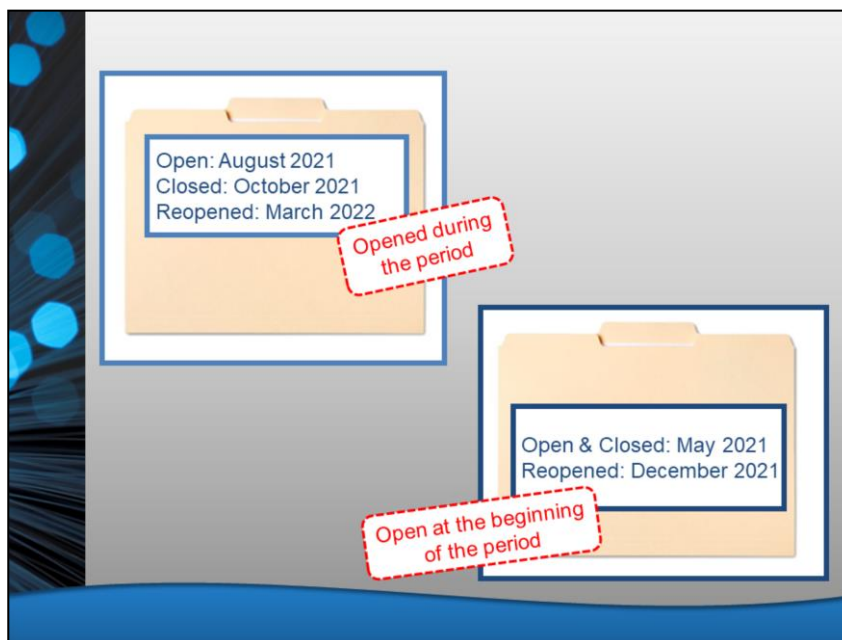
As with the “claims closed **with** payment”, “claims closed **without** payment” include all claims that were closed without payment during the reporting period regardless of the date of loss or when the claim was received.



The basic thought to keep in mind when determining whether a claim was closed with or without payment is that any claim that has an indemnity payment, regardless of subrogation, is considered as closed “with payment”, and any claim that had no indemnity payment, even if it had loss adjusting expenses, is considered as closed “without payment”.



Let's review a little bit about re-opened claims. If the claim has been closed and is later re-opened, the re-opened claim should be counted as a new and distinct claim.



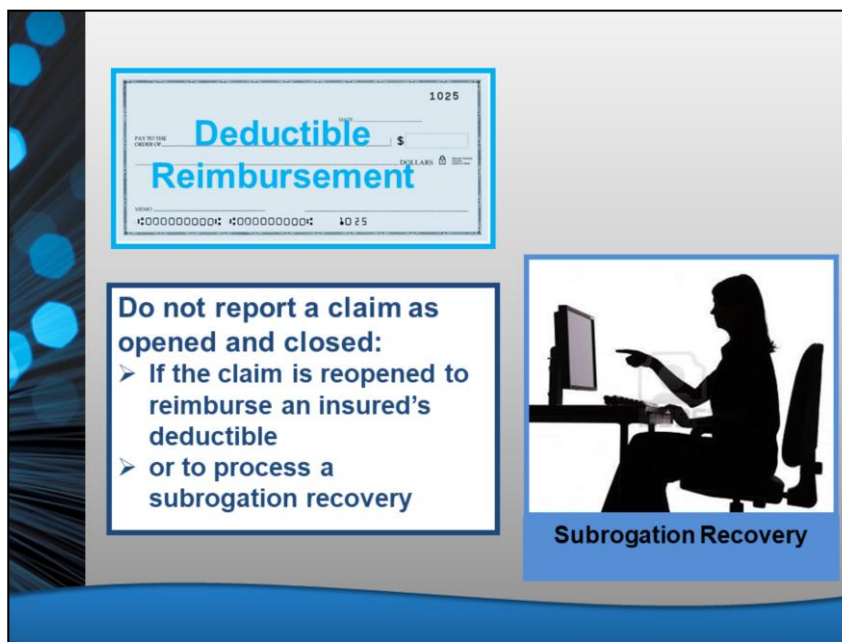
So, if a claim is re-opened during the current period, it would be counted among the “claims opened during the period”, and if the claim had been re-opened in a prior period, but not yet closed, it would be counted among the “claims open at the beginning of the period”.

## Reopened Claims

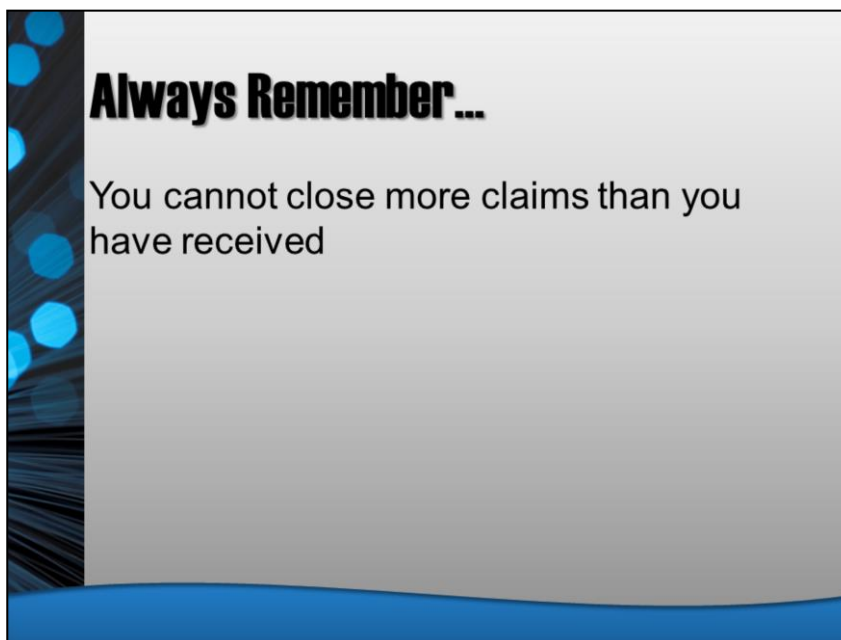
- Closed With Payment or Closed Without Payment



Since the re-opened claim is its own distinct claim and counted separately as a new claim, it must also be recorded as “closed with payment” or “closed without payment” when it is finally closed.



However, if a claim was re-opened just so an insured's deductible can be reimbursed, or a subrogation recovery can be processed, or for another similar reason, it does not need to be reported as opened and closed.



Always remember that in all cases, the number of claims closed with payment plus the number of claims closed without payment will never be greater than the number of claims open at the beginning and opened during the year. That is, you cannot close more claims than you have received.

# Speed of Claim Settlements

## Schedule 2—Travel Claims Activity, Counts Reported by Claimant, by Coverage

Report the number of reserves/lines/features opened for each coverage part per claim.

ID	Description
2-17	Number of claims open at the beginning of the period
2-18	Number of claims opened during the period
2-19	Number of claims closed during the period, with payment
2-20	Number of claims closed during the period, without payment
2-21	Number of claims open at the end of the period
2-22	Median days to final payment
2-23	Number of claims closed with payment within 0-30 days
2-24	Number of claims closed with payment within 31-90 days
2-25	Number of claims closed with payment beyond 90 days
2-26	Number of claims closed without payment within 0-30 days
2-27	Number of claims closed without payment within 31-90 days
2-28	Number of claims closed without payment beyond 90 days
2-29	Dollar amount of claims closed with payment

After the questions regarding the claims you have received and paid, you are asked a series of questions pertaining to the speed of claim settlements.


# Median Days

## Schedule 2—Travel Claims Activity, Counts Reported by Claimant, by Coverage

Report the number of reserves/lines/features opened for each coverage part per claim.

ID	Description
2-17	Number of claims open at the beginning of the period
2-18	Number of claims opened during the period
2-19	Number of claims closed during the period, with payment
2-20	Number of claims closed during the period, without payment
2-21	Number of claims open at the end of the period
2-22	Median days to final payment
2-23	Number of claims closed with payment within 0-30 days
2-24	Number of claims closed with payment within 31-90 days
2-25	Number of claims closed with payment beyond 90 days
2-26	Number of claims closed without payment within 0-30 days
2-27	Number of claims closed without payment within 31-90 days
2-28	Number of claims closed without payment beyond 90 days
2-29	Dollar amount of claims closed with payment

The first of these questions ask you to provide the median days to final payment.



## Auto/Homeowners Data Call & Definitions

**Median Days to Final Payment** – The median value for all claims closed with payment during the period.

Calculation for losses with one final payment date during the reporting period:

- Date the loss was reported to the company to the date of final payment.

Calculation for losses with multiple final payment dates during the reporting period:

- Date the request for supplemental payment received to the date of final payment (for each different final payment date.)

Exclude:

- Subrogation payments should not be included.

Calculation Clarification / Example:

- To determine the Median Days to Final Payment you must first determine the number of days it took to settle each claim. This is the difference between the date the loss was reported to the company, or the date the request for supplemental payment was received, to the date of final payment. The Median Days to Final Payment is the median value of the number of days it took to settle all claims closed with payment during the period.

The Data Call and Definitions provides a good discussion on what a median is and how to calculate the median number of days. If you are unfamiliar with what a “median” is, you should review this part of the “definitions”.



**SPEED OF CLAIM SETTLEMENT**

The median is the value above which and below which there are an equal number of values.

30 days to settlement  
45 days to settlement  
60 days to settlement

Briefly, the median is the value above which and below which there are an equal number of values. For example, if you have “days to settlement” of 30, 45 and 60, the median is 45 days.

So, to find your median days to settlement, you will need to know the number of days to settlement for each claim closed. Organize them from the most days to the fewest days and find the “days to settlement” value that falls right in the middle of all those values, and enter that amount.

## Number of days to settlement

- The number of days from when the claim was reported



**Reported**

Remember, the number of days to settlement is the number of days from when the claim was **REPORTED** (not opened or reserved), to the date the final payment was made.

## Aging on supplemental payments

- The time the request for supplemental payment was received to the date of payment of the supplement



**Request Received**

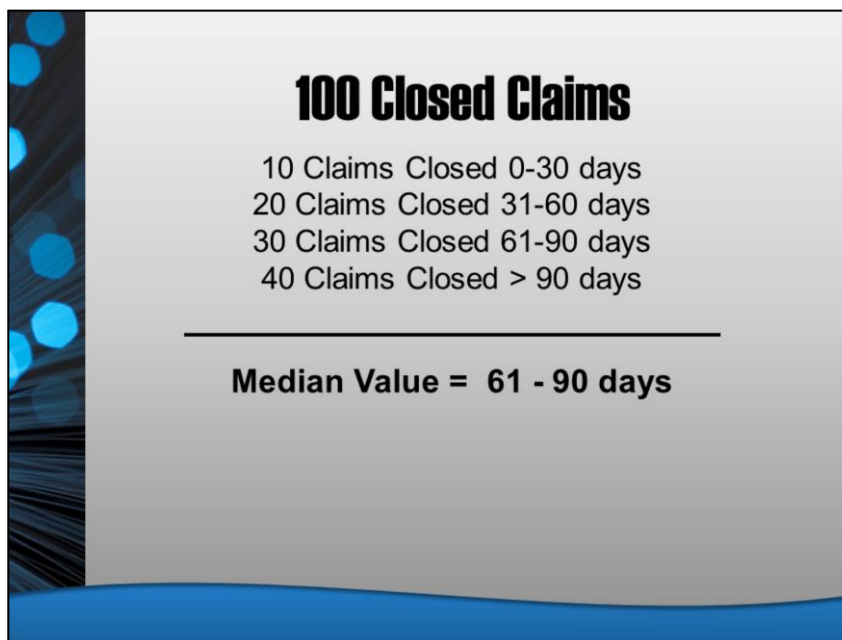
The aging on re-opened claims (that is, on supplemental payments) should be calculated using the time between when the request for supplemental payment was received and the date the final payment was made.

# Subrogation claims

- Should be removed from set of claims used to calculate median



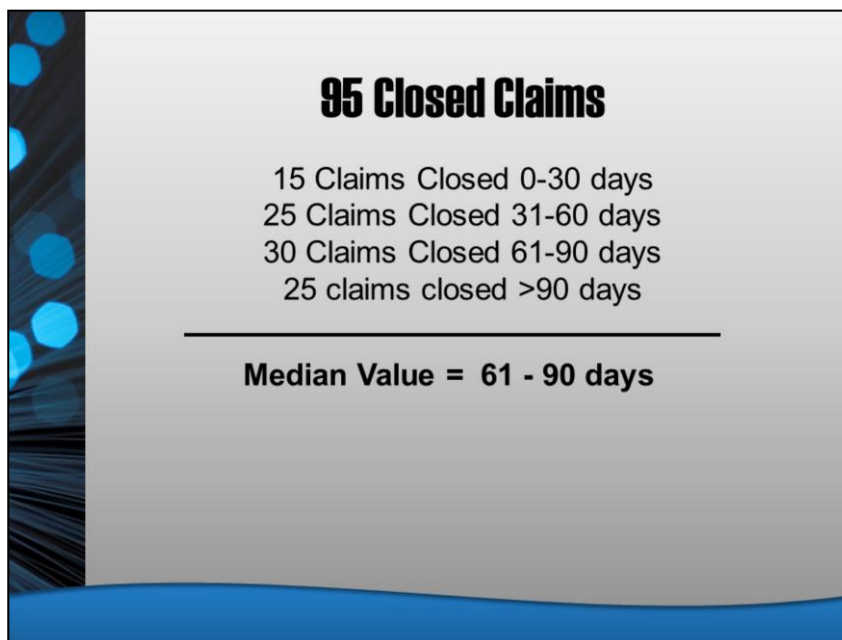
A special note regarding subrogation claims – they should be removed from the set of claims used to calculate your median days to settlement even though you would include them in your count of claims closed with payment. They should be excluded from the median days calculation because they tend to take longer to settle than claims settled directly with the claimant.



To double check your work regarding the median days to settlement, you can divide your total closed count in half and find in which category that value would fall. For example, if you have 100 closed claims and

10 are in 0-30 days,  
20 are in 31- 60 days,  
30 are in 61 to 90 days, and  
40 are in greater than 90 days,

you know that counting up 50 from the “0-30”, puts the median value somewhere in the 61-90 category. So, your median should be a value of between 61 and 90.



As another example for an odd number of claims, if we have 95 total closed claims, the median claim is the 48th claim which puts the median in the 61-90 days value.

# Claims Closed With & Without Payment

## Schedule 2—Travel Claims Activity, Counts Reported by Claimant, by Coverage

Report the number of reserves/lines/features opened for each coverage part per claim.

ID	Description
2-17	Number of claims open at the beginning of the period
2-18	Number of claims opened during the period
2-19	Number of claims closed during the period, with payment
2-20	Number of claims closed during the period, without payment
2-21	Number of claims open at the end of the period
2-22	Median days to final payment
2-23	Number of claims closed with payment within 0-30 days
2-24	Number of claims closed with payment within 31-90 days
2-25	Number of claims closed with payment beyond 90 days
2-26	Number of claims closed without payment within 0-30 days
2-27	Number of claims closed without payment within 31-90 days
2-28	Number of claims closed without payment beyond 90 days
2-29	Dollar amount of claims closed with payment

The next 6 data elements in the claims section ask you to provide the number of claims that were settled WITH payment and WITHOUT payment within “0-30 days”, “31-90 days”, and finally the number that were settled beyond 90 days.

# Claims Closed With & Without Payment

## Schedule 2—Travel Claims Activity, Counts Reported by Claimant, by Coverage

Report the number of reserves/lines/features opened for each coverage part per claim.

ID	Description
2-17	Number of claims open at the beginning of the period
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2-25	Number of claims closed with payment beyond 90 days
2-26	Number of claims closed without payment within 0-30 days
2-27	Number of claims closed without payment within 31-90 days
2-28	Number of claims closed without payment beyond 90 days
2-29	Dollar amount of claims closed with payment

**January 1, 2022 – December 31, 2022**

As with the previous data elements, the claims settled questions in MCAS are only asking for counts of claims settled DURING the January 1st to December 31st reporting period.

# Claims Closed With & Without Payment

17	Number of claims open at the beginning of the period	
18	Number of claims opened during the period	
19	Number of claims closed during the period, with payment	Number of claims closed with payment during the period
20	Number of claims closed during the period, without payment	
21	Number of claims open at the end of the period	
22	Median days to final payment	
23	Number of claims closed with payment within 0-30 days	Number of claims closed without payment during the period
24	Number of claims closed with payment within 31-90 days	
25	Number of claims closed with payment beyond 90 days	
26	Number of claims closed without payment within 0-30 days	
27	Number of claims closed without payment within 31-90 days	
28	Number of claims closed without payment beyond 90 days	
29	Dollar amount of claims closed with payment	

Remember, that earlier you were asked to provide the number of claims that were closed with payment and without payment during the reporting period. The total of all the claims closed with payment in the 3 different time categories must match the number of claims that you reported as closed with payment. Likewise, the total of all claims closed without payment in the 3 different time categories must match the number of claims that you reported as closed without payment.

# Lawsuits

## Travel Lawsuits and Complaints

30	Number of lawsuits open at the beginning of the period
31	Number of lawsuits opened during the period
32	Number of lawsuits closed during the period
33	Number of lawsuits open at the end of the period
34	Number of lawsuits closed with consideration for the consumer
35	Number of complaints received directly from the DOI
36	Number of complaints received directly from any person or entity other than the DOI

**Definition:** lawsuits closed with consideration for the consumer are those lawsuits closed during the reporting period where a court order, jury verdict, or settlement, resulted in payment, benefits or other thing of value (i.e., consideration), to the claimant in an amount greater than offered by the reporting insurer before the lawsuit was brought.

### Lawsuits:

There are five data elements collected in the Travel Insurance MCAS for lawsuits received by your company. They ask for the:

number of lawsuits that are open at the beginning of the reporting period, the number of lawsuits opened during the period, the number of lawsuits closed during the period, the number of lawsuits open at the end of the period, and the number of lawsuits closed with consideration for the consumer.

The last question is asking for those lawsuits that were closed during the reporting period in which a court order, jury verdict, or settlement, resulted in payment, benefits, or other thing of value (in other words, consideration), to the claimant in an amount **greater** than offered by the reporting insurer before the lawsuit was brought.

## Travel Insurance Data Call & Definitions

**Lawsuit** – An action brought in a court of law in which one party, the plaintiff, claims to have incurred a loss as a result of the action of another party, the defendant.

Exclude:

- Subrogation claims where lawsuit is filed by the company against the tortfeasor.
- Non-lawsuit legal activity or litigation filed by an insurer, including, but not limited to: request to compel an independent medical examination, an examination under oath, and declaratory judgment actions filed by an insurer.

The MCAS definition of a lawsuit can be found in the Data Call and Definitions. When counting lawsuits, you will count those lawsuits filed to enforce a right to a claim. It does not include subrogation claims where a lawsuit is filed by the company against the tortfeasor.

## Travel Insurance Data Call & Definitions

### **Lawsuit Calculation Clarification:**

- Include only lawsuits brought by an applicant for insurance or a policyholder or a claimant/beneficiary as a plaintiff against the reporting insurer or its agent as a defendant.
- Include all lawsuits, whether or not a hearing or proceeding before the court occurred.
- Do not include arbitrations of any sort.
- If one lawsuit seeks damages under two or more policies, count the number of policies involved as the number of lawsuits.
- If one lawsuit has two or more complainants, report the number of complainants as the number of lawsuits.
- Report a lawsuit in the jurisdiction in which the policy was issued, with the exception of class action lawsuits.
- Treatment of class action lawsuits: Report the opening and closing of a class action lawsuit once in each jurisdiction in which a potential class member resides. Include an explanatory note with your submission stating the number of class action lawsuits included in the data and the general cause of action.

Please review the additional clarification information provided in the data call and definitions regarding the reporting of lawsuits.



As shown on the previous slide, if there are multiple plaintiffs in a lawsuit, you will count each plaintiff as one lawsuit, since each plaintiff can possibly receive a recovery.

In regards to class action suits, you are to report the opening and closing of a class action lawsuit once in each jurisdiction in which a potential class member resides. You are then asked to include an explanatory note with your submission and state the number of class action lawsuits included in the data and the general cause of the action.





Please note that you should report lawsuits in the jurisdiction in which the policy was issued, with the exception of class action lawsuits. For example, if the policy was issued in Oklahoma, but the lawsuit was filed in Tennessee, you would report the lawsuit to Oklahoma.

# Complaints

## Travel Lawsuits and Complaints

30	Number of lawsuits open at the beginning of the period
31	Number of lawsuits opened during the period
32	Number of lawsuits closed during the period
33	Number of lawsuits open at the end of the period
34	Number of lawsuits closed with consideration for the consumer
35	Number of complaints received directly from the DOI
36	Number of complaints received directly from any person or entity other than the DOI



In the last two questions of the Travel MCAS Lawsuits and Complaints questions, you are asked to report the number of complaints received directly from the department of insurance (DOI), and received directly from any person or entity other than the DOI.



## Travel Insurance Data Call & Definitions

**Complaint** – any written communication that expresses dissatisfaction with a specific person or entity subject to regulation under the jurisdiction's insurance laws. An oral communication, which is subsequently converted to a written form in order to be analyzed and acted upon, will meet the definition of a complaint for this purpose.

A **complaint** is defined as any written communication that expresses dissatisfaction with a specific person or entity subject to regulation under the jurisdiction's insurance laws. An oral communication, which is subsequently converted to a written form in order to be analyzed and acted upon, will meet the definition of a complaint for this purpose.



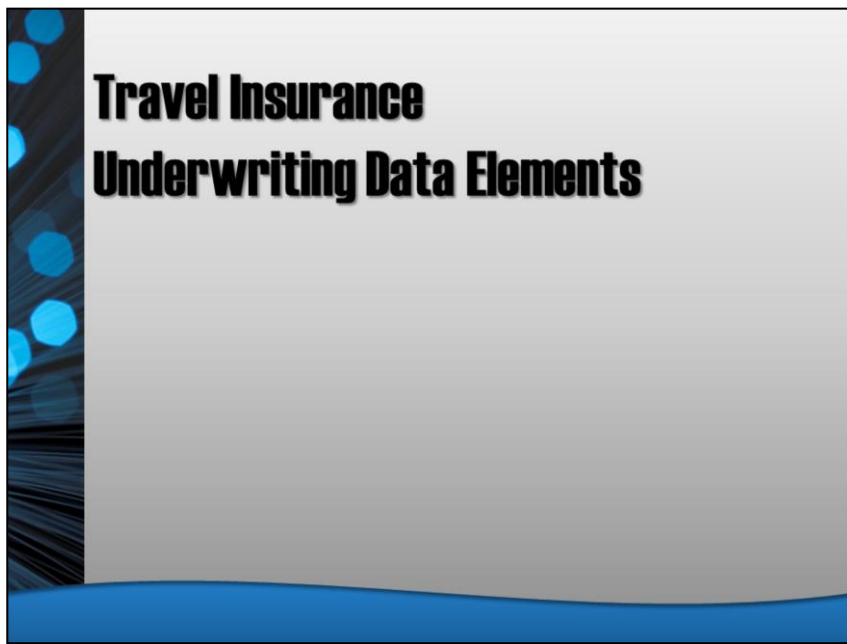
## Travel Insurance Data Call & Definitions

### Complaints Include:

- From social media sites if specific enough to meet the definition of complaint
- Any complaint regardless of the subject of the complaint (claims, underwriting, marketing, etc.
- Complaints received from third parties

Any complaints that are **directly** received by the company through social media applications should be included if the complaint has enough specificity to meet the definition of a complaint.

Complaints should be included in the complaint count regardless of the subject of the complaint. So, whether it is regarding claims, underwriting, marketing, or another area, it should be included.



That's it for the claims questions. Please refer to the data call and definitions documents for each line of business for additional information.

Now we'll review the Underwriting data elements.

Travel Insurance Underwriting Activity	
Schedule 4 – Underwriting	
ID	Description
4-37	Number of individual policies in force at the beginning of the period
4-38	Number of group policies (other than blanket policies) in force at the beginning of the period
4-39	Number of blanket policies in force at the beginning of the period
4-40	Number of individuals insured under all policies at the beginning of the period
4-41	Number of individual policies and certificates from group policies cancelled by the consumer during the period
4-42	Number of individual policies and certificates from group policies expired during the period
4-43	Number of individual policies and certificates from group policies in force at end of the period
4-44	Dollar amount of direct premium written during the period for individual policies
4-45	Dollar amount of direct premium written during the period for group policies (other than blanket)
4-46	Dollar amount of direct premium written during the period for blanket policies
January 1, 2022 – December 31, 2022	

The Underwriting questions for Travel Insurance *combine* all the coverage parts, so you do not have to distinguish between coverage parts when answering the underwriting questions.

The first underwriting question asks for the individual policies in force at the beginning of the period.

Again, the reporting period is from January 1 through December 31.

## Travel Insurance Underwriting Activity

**Schedule 4 – Underwriting**

ID	Description
4-37	Number of individual policies in force at the beginning of the period
4-38	Number of group policies (other than blanket policies) in force at the beginning of the period
4-39	Number of blanket policies in force at the beginning of the period
4-40	Number of individuals insured under all policies at the beginning of the period

**Blanket Travel Insurance:** a policy of Travel Insurance issued to any Eligible Group providing coverage for specific classes of persons defined in the policy with coverage provided to all members of the Eligible Group without a separate charge to individual members of the Eligible Group.

The next two questions ask for the number of group policies (other than blanket policies) in force at the beginning of the period and for the number of blanket policies in force at the beginning of the period.

Blanket Travel Insurance is defined as a policy of Travel Insurance issued to any Eligible Group providing coverage for specific classes of persons defined in the policy with coverage provided to all members of the Eligible Group without a separate charge to individual members of the Eligible Group.

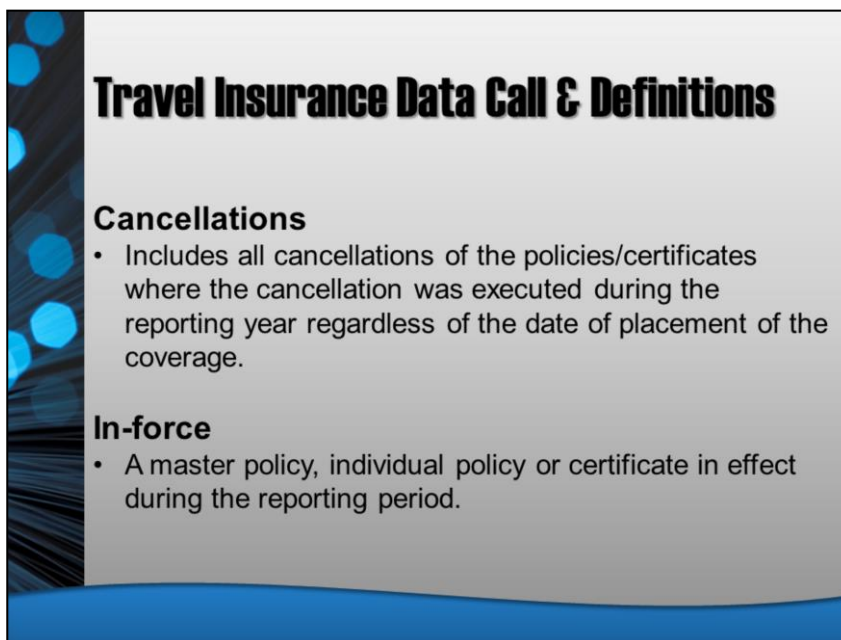
The last question shown on this slide asks for the number of individuals insured under all policies at the beginning of the period.

# Travel Insurance Underwriting Activity

## Schedule 4 – Underwriting

ID	Description
4-37	Number of individual policies in force at the beginning of the period
4-38	Number of group policies (other than blanket policies) in force at the beginning of the period
4-39	Number of blanket policies in force at the beginning of the period
4-40	Number of individuals insured under all policies at the beginning of the period
4-41	Number of individual policies and certificates from group policies cancelled by the consumer during the period
4-42	Number of individual policies and certificates from group policies expired during the period
4-43	Number of individual policies and certificates from group policies in force at end of the period
4-44	Dollar amount of direct premium written during the period for individual policies
4-45	Dollar amount of direct premium written during the period for group policies (other than blanket)
4-46	Dollar amount of direct premium written during the period for blanket policies

The next three questions ask for the number of individual policies and certificates from group policies cancelled by the consumer during the period, expired during the period, and in force at end of the period.

A presentation slide titled "Travel Insurance Data Call & Definitions". The slide has a light gray background with a blue wavy line at the bottom. On the left side, there is a vertical decorative bar with a dark blue background and several bright blue circles of varying sizes. The title is in a large, bold, black font. Below the title, there are two sections: "Cancellations" and "In-force", each with a bulleted list of definitions.

## Travel Insurance Data Call & Definitions

### Cancellations

- Includes all cancellations of the policies/certificates where the cancellation was executed during the reporting year regardless of the date of placement of the coverage.

### In-force

- A master policy, individual policy or certificate in effect during the reporting period.

**Cancellations** include all cancellations of the policies/certificates where the cancellation was executed during the reporting year, regardless of the date of placement of the coverage.

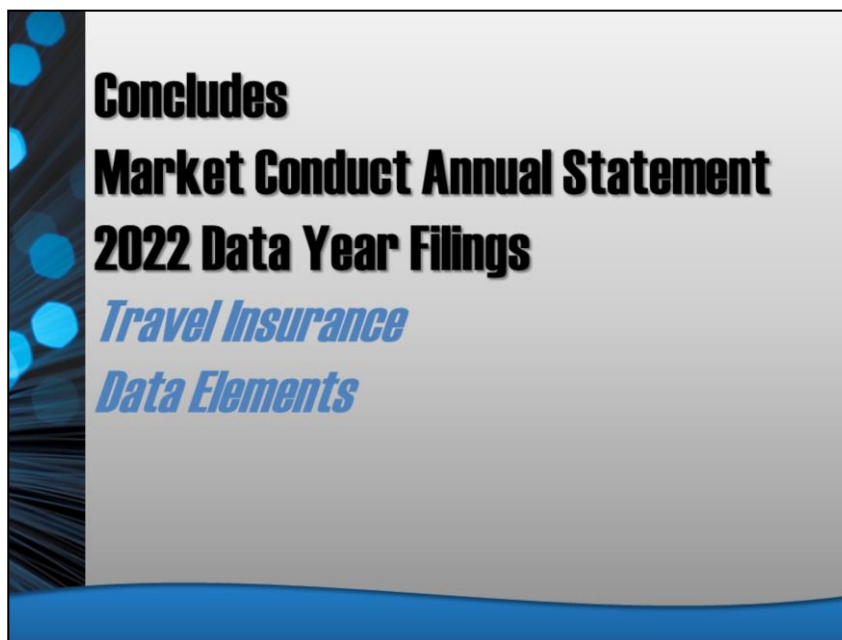
**In-force** is defined as a master policy or certificate in effect during the reporting period.

# Travel Insurance Underwriting Activity

## Schedule 4 – Underwriting

ID	Description
4-37	Number of individual policies in force at the beginning of the period
4-38	Number of group policies (other than blanket policies) in force at the beginning of the period
4-39	Number of blanket policies in force at the beginning of the period
4-40	Number of individuals insured under all policies at the beginning of the period
4-41	Number of individual policies and certificates from group policies cancelled by the consumer during the period
4-42	Number of individual policies and certificates from group policies expired during the period
4-43	Number of individual policies and certificates from group policies in force at end of the period
4-44	Dollar amount of direct premium written during the period for individual policies
4-45	Dollar amount of direct premium written during the period for group policies (other than blanket)
4-46	Dollar amount of direct premium written during the period for blanket policies

The last three questions ask for the dollar amount of direct premium written during the period for individual policies, during the period for group policies (other than blanket), and during the period for blanket policies.



This concludes the data elements review portion of the Travel Data Elements.