

KATHY HOCHUL  
Governor



ADRIENNE A. HARRIS  
Superintendent

## ACCIDENT AND HEALTH RESERVE QUESTIONNAIRE

Name of Domestic Company \_\_\_\_\_

RESERVE VALUATION AS OF DECEMBER 31, 2024

This questionnaire should be completed electronically by the Actuary responsible for the valuation of Accident and Health inforce and saved to electronic media. A copy of the file should be returned to the Life Bureau, along with the submission of the supporting valuation material by March 1, 2025. Do not submit a hard copy response.

### General

- Information required in reply to the following questions may be entered on pages attached to this Questionnaire.
- Please distinguish between Individual and Group policies in each Section of this Questionnaire.
- If the company has no applicable business inforce, the Questionnaire does not need to be returned. An indication to that effect should be made on the Valuation Filing Check-List.

**Section I - Types of Benefits**

Describe the benefit provisions of policies inforce at December 31, 2024 and indicate whether they are open or closed blocks of business, for each of the types of benefits as defined in Regulation 62 (11 NYCRR 52) Parts 52.5 through 52.13, and listed below. Also describe all other benefits/products sold outside of New York (or assumed from other insurers) which are not covered by the following list. Where applicable your descriptions should include, but are not limited to:

Elimination Period

Maximum Aggregate Benefit Amounts Payable

Deductibles

Co-Payments

Maximum Benefit Period

Amount of Monthly Benefit

Coinsurance

- 52.5 Basic Hospital Insurance
- 52.6 Basic Medical Insurance
- 52.7 Major Medical Insurance
- 52.8 Disability Income Insurance
- 52.9 Accident Insurance
- 52.10 Limited Benefits Health Insurance
- 52.11 Medicare Supplement Insurance
- 52.12 Long Term Care Insurance
- 52.13 Nursing Home Insurance Only,  
Home Care Insurance Only, or  
Nursing Home and Home Care Insurance

(NOTE: That if a policy belongs to more than one of the above nine types of insurance then please specify such.)

**Section II - Active Life Reserves (Exhibit 6, Line 9, Column 1)**

Describe the applicable valuation methods, and assumptions used to determine the Active Life Reserve for each significant product described in Section I of this Questionnaire.

**Section III - Claim Reserves (Exhibit 6, Line 16, Column 1)**

Describe the applicable valuation methods, and assumptions used to determine the Claim Reserves for each significant product described in Section I of this Questionnaire.

**Section IV - Compliance with Regulation 56 and/or Regulation 213**

Demonstrate that the reserves for Individual and Group A&H are not less than those required by Regulation 56 (11 NYCRR 94) and/or Regulation 213 (11 NYCRR 103).

Name of Actuary completing this A&H Questionnaire

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Title (Specify Firm, if Consulting Actuary)

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Date Completed \_\_\_\_\_

AHQ