SOCIETY OF ACTUARIES Long-Term Care Insurance Section

Long-Term Care News

ISSUE 27 DECEMBER 2010

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Straight Through Processing—How Much Farther?

by Sandra Latham

"How much farther before we get there?" We all have stories to tell, either as a child or as a parent, of being on this long trip and wondering with great anticipation about all the possibilities that are ahead. We continually daydream, imagining all that will be and can hardly contain our excitement. This is exactly the way I feel about the topic of Straight Through Processing (STP). We've been on this journey for so long with STP, and I am getting excited—because we're getting very close.

As a large distributer, we saw the pain our advisors experienced in trying to keep straight the massive amount of forms necessary to write a Long-Term Care Insurance (LTCI) application. We know that the average advisor is an occasional producer of our product, and this compounds the likelihood of them having the wrong forms. So in 2004, I started on a journey to try to find a resolution to this problem. My desire was to encourage the development of standardized forms within the LTCI industry, with the ultimate goal of having a universal application. I started with insurance in the property and casualty lines where it was common to have one form accepted by multiple carriers, so why couldn't it happen within the Long-Term Care industry?

My journey began by researching how I would get standard forms into our industry and that led me down a path to ACORD (Association for Cooperative Operations Research and Development). This is a global nonprofit standards development organization serving the insurance industry. I discovered the life insurance industry was in the process of doing exactly

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Stormy Weather

by Brad S. Linder

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As I write this op-editorial and introduction, I notice significant turmoil around us all. OK, massive turmoil is the proper label for the oil spill in the Gulf of Mexico. No dispute there! Iran and Afghanistan? Status quo turmoil, but at a high level too. On the home scene, we've had a number of changes in federal regulations affecting the insurance and financial industry. I doubt Congress is done with legislation, but we're at that very bad time for getting further accomplishments in this session of Congress. It's considered a bad time because of the political posturing for the upcoming elections. Whoever wins this election sets the legislative tone for the next two years.

Did you know that turmoil continues to touch the Medicare system? A recent broadcast appeared on the TV show "60 Minutes" concerning fraud perpetrated under the Medicare system. For reference, that broadcast aired in early September 2010. In my opinion, it was a very good report – highly disturbing when one considers the extent of fraud is estimated to be costing us taxpayers ***billions*** in dollars. Not only are the amounts staggering, but the ease with which it demonstrably occurred in that investigative television report is shocking.

It was informative to learn that the Medicare facilitation of payment was defined by Congress to overcome the perception that reviewing Medicare claim payments would be a long, drawn-out affair. Hence, the required payments on submitted claims must occur within a defined time period (in days). As the television report clearly and strongly asserted, it's a "pay-now, chase-the-money-later" method which hopes that fraud amounts or wrong payments could be clawed back (recovered) into the Medicare coffers. It is unfortunate that this claim payment design actually facilitates the "take-the-money-and-run" approach to a particular type of fraud. The report demonstrated the ease at setting up bogus medical supply companies approved as a Medicare provider. Did I mention that Medicare was ***not*** running background checks as a procedure? By the time that Medicare or FBI officials start an investigation, the fake medical supply company has disappeared and set up shop somewhere else as a new fake company. Too late; easily tens of thousands of dollars already laundered. Background checks on the health care providers on a nationwide scale does cost time, a lot of effort, as well as money. The report asserted the cost is well worth the benefits.

The interview with the now former director of Anti-Fraud Efforts for Medicare was helpful. Efforts to detect, control, prosecute and recover on fraud were reported as limited by Congressional funding levels. The implication from the report is that understaffing and lack of resources to combat the fraud is political in nature. Further, it was noted at the time of airing of the report that that director had resigned without further commentary.

Long-Term Care News
Issue Number 27 | December 2010

Published by the Long-Term Care Insurance Section Council of the Society of Actuaries

This newsletter is free to section members. Current issues are available on the SOA Web site *(www.soa.org)*. To join the section, SOA members and non-members can locate a membership form on the LTCI Web page at *www.soaltci.org*.

Fortunately, we have a new director seated. In late September, I found a *USA Today* front-page article reporting that the new director of Anti-Fraud Efforts was instituting a fingerprinting effort on health care providers as one new protocol for background checking. Known criminals, with or without an alias, setting up medical supply companies that bill Medicare should be a permanent red-flag reality check. Glad to see we have a captain at the helm of this ship as we sail through stormy seas. Clearly a vacancy in this job is unacceptable.

Known criminals, with or without an alias, setting up medical supply companies that bill Medicare should be a permanent red-flag reality check.

Further, the television report identified still-active types or methods of highlighted fraud including:

- **Lack of proper** destruction for records, particularly including medical records from hospitals, doctor's offices and clinics. Records include patient name, patient address and Social Security number. Records may include medical procedures or similar sensitive information providing criminals easy targets for billing and what to bill for. A common method to obtain the patient information is by "dumpster-diving." Criminals hire youths to do the diving, paying them per bag from the targeted dumpsters.

- **Identity theft** of the seniors including obtaining name, address and Social Security numbers from financial institutions or employers that do not properly safeguard or destroy such sensitive information.

- **Hiring** (paying with cash or cash equivalents) of the poor or vagrants in order to submit bogus information and claims under a legitimate name with a willing signature. [Be forewarned that they sometimes hire the not so poor!]

The fraud did not exist solely with Medicare claimants. Fraud examples existed for seniors who had not made a Medicare claim yet.

The report identified two case examples where the seniors reported back to Medicare officials of the fraud apparent in the statements sent to the seniors. The first senior has been reporting the instances of problems for the past six years without apparent resolution. It is clear that if the subject seniors are reporting that fraud is occurring on their accounts, then a red-flag reality check should occur.

Even though the insurance industry trains employees about appropriate data handling and privacy under HIPAA requirements, the television report highlighted that not all doctor's offices practice safeguarding client information well enough. The proper maintenance and disposal of the client's information appears to be problematic still.

To contrast with Medicare, the insurance industry keeps moving forward with improvements. We are in the process of trying to simplify our health records. This includes reporting standardizations, moving more towards electronic management of insurance data including the claim reporting documents, improving on HIPPA privacy, all the while trying to deter fraud. The insurance industry has been moving steadily forward for years. Perhaps the new director of Anti-Fraud Efforts at Medicare would welcome our collective experiences, insights and advice. I am certain that our industry would benefit by the advice of the director as well.

In this issue, we have evidence of advice and direction we are taking into our future. Our Chairperson's Corner written by Mark Costello will give you a sense of direction with encouragement to be an active part of our journey. "Straight Through Processing" may be an unfamiliar term to many. Therefore, I would like to introduce Sandra Latham as the author to educate us. I would like to introduce another article, "Independent Review of Long-Term Care Benefit Trigger Decisions" that has been written by Barbara Rothermel. It is timely in the context of claims. I hope to raise more discussion on each of these topics.

Many thanks go to each of our esteemed authors. ■

Building on a Strong Foundation

by Mark Costello

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In February, when I wrote my first column, it was in the midst of spring training for baseball and I spoke with confidence about the wonderful year that my beloved Cardinals were sure to have. Now, as I write this, it's a cool fall day and the Cardinals have just choked away the division lead that they held for most of the summer. So, as far as baseball goes, it's "wait 'til next year."

However, another season is also winding down; and, that's my term as chairperson of the LTC Section Council. As I wrote in February, I was excited about the passion that the council was bringing to our section. And now, as I look back, I think that passion translated into a successful year (unlike the Cardinals' year). I'm defining that success based on the progress we've made toward the goals we set—supporting the educational needs of the members; investing in research of importance; and developing community among the members.

As far as supporting the educational needs of membership, we as a Section Council continued to work with conference organizers to provide content and passionate speakers for great sessions at a variety of events through the course of the year. In addition, we provided educational content through webcasts. A webinar on the CLASS Act had 103 registrants; the one on ALM/ERM had 55 registrants. What was particularly great about these two sessions was that they provided unique and timely content that was clearly valued by the membership and audience.

We have also continued to focus on sponsoring research. This spring, research began on a proposal to study LTC morbidity over time in an effort to analyze and quantify morbidity improvement. A Project Oversight Group worked through the summer with the researcher and preliminary results were provided at the SOA Annual Meeting in New York. To supplement that research, the Section Council sent out a request for proposal on several additional topics. We received many responses to that RFP and have agreed to provide funding for research into verifying and/or quantifying any pricing hedges created when LTC riders are attached to life and/or annuity contracts. In both these cases, we received additional support—financial and otherwise—from the ILTCI Board. I think most of our membership thinks of the ILTCI simply in conjunction with the annual conference; but, they do so much more and this is just one example.

It is in the arena of developing community that the Section Council really excelled. Our section is somewhat unique in that about a third of our membership are not actuaries. Our challenge is to meet the broad spectrum of needs (not necessarily actuarial) of all 1,050 members. To do that, the Section Council has implemented the track system. We have subdivided our section into five tracks: Actuarial; Underwriting & Claims; Management & Operations; Marketing; and Regulatory & Compliance tracks. Each track has its own chairperson; with each chairperson participating in our Section Council meetings. Each track chairperson's role is to ensure that the particular interests of each track are considered as the Section Council makes decisions. I think just having the tracks develops a sense of community. However, to take it one step further, we used the ILTCI meeting in New Orleans this spring to have a track reception. The point was for the entire membership to have another networking opportunity, and also to provide a specific place for each track to get together and get to know one another better.

I also think the implementation of LinkedIn (which I discussed in the last issue) can be a great way to build community. After the rollout, the LTC Section Group became the most populated SOA group with 398 members. There were several LinkedIn discussions during the summer and there was a fairly varied group of participants. Use has tapered off a bit recently; but, we will continue to do what we can to promote its use.

The LTC Section Council was also very involved with the Think Tank that took place immediately following the ILTCI meeting. To me, the most important result from the brainstorming session (63 individuals participated) was a commitment to follow-up and follow through on all that was discussed. An Oversight Committee was identified and they will—with assistance from the sponsors, the SOA Long-Term Care insurance Section Council and the ILTCI Conference Committee—work

to provide a forum to continue the discussion with the possibility of reconvening at the 2011 ILTCI Conference. As a first step, a report summarizing that Think Tank is being finalized and there is a follow-up session scheduled for the Annual Meeting.

To me, the past couple of years have been about laying a solid foundation for the future. I want to take this opportunity to thank outgoing Section Council members Amy Pahl, Al Schmitz and David Kerr for all of their hard work in getting these strong fundamentals in place.

As I step down, I know that your incoming Section Council is dedicated to building on this solid foundation. Dave Benz will take over as chairperson with Jay Bushey as his vice chairperson. Joining the Section Council via the recent elections are Bob Darnell, Jim Stolzfus and Jeremy Williams. This group is well-equipped to tackle these goals. We can build on the work we did last year on the website so that it can be a more comprehensive source of information and community for the entire membership. We can build on the successful LinkedIn launch, continuing to promote its use by engaging more participants and more discussion and therefore more education and more community. We can learn from the three successful webcasts we've had to provide more frequent sessions with fresh and timely information. We can continue to rely on the track chairpersons and affiliate members to ensure that we are getting feedback regarding the needs of all of you, our members—actuaries and non-actuaries. We can and must continue to look for opportunities to fund valuable research as well as Think Tank-like events to address industry-wide concerns.

What I hope you get out of this is a better sense out of what your section and its leadership at the council level are doing and what is yet to come. The Section Council is here to meet your needs. As always, I encourage you to provide your input through e-mail, LinkedIn or whatever means you choose. Communication is key to our ongoing success and our drive to build a stronger community. Thank you for the opportunity to serve as your chairperson and have a great 2011! ■

We can build on the work we did last year on the website so that it can be a more comprehensive source of information and community for the entire membership.

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what I was thinking about. Since most of the writers of LTCI are life insurance companies, I decided to caravan with them. Along the way, we formed our own ACORD Forms Working Group.

In addition to my firm, some of the early supporters jumping on the bandwagon were Genworth Financial, John Hancock, Prudential and Transamerica. We charted our route and decided to address some of the easier forms first, developing a standard Credit Card form, Electronic Funds Transfer form, and the one I was most excited about, a standardized HIPAA form.

I remember making the statement, "When we get the standard HIPAA form, I'll be running through the streets waiving it for all to see and use." In a world full of NIGO (Not In Good Order), I could see this universal form saving us a few miles. Certainly everyone would jump on board with that! Well, several years later it has turned into a dead end. Carriers repeatedly turn down requests to use this form due to one compliance issue or another.

But I wasn't willing to park there and end the trip. I've been pleading with carriers in our industry to turn around and come back to the drawing board and figure out how we can enhance and standardize the HIPAA form to make it be what this industry needs. I'm not suggesting we eliminate carriers' own HIPAA form altogether, but let's create an acceptable alternative route. We also need a way to lobby providers to accept the form. [**Editor's Note:** A sample copy has been provided by the author for inclusion in this article. See page 7.]

Another part of the journey involved figuratively hopping out of the old jalopy and stepping into a sports car. Of course, I'm talking about ditching the paper and going all electronic. In 2008 I gathered our main carriers together and asked them what it would take to get their engines revved up about electronic applications. Their response: "Data standards for the Long-Term Care industry." In November of that year, an ACORD face-to-face meeting was held to talk about doing just that. Hosted by Genworth, the participants were EBIX, EZ-Data, John Hancock, Transamerica, Univita (known then as LTCG) and my firm, LTCI Partners, LLC. After the meeting, we were all in agreement and committed to our new direction.

The first stop was to obtain a copy of the ACORD New Business Implementation Guidelines that the life division had established. For the last two years we have been modifying those guidelines for long-term care. Currently, the ACORD Data Standards Group holds bimonthly teleconference calls and we anticipate completing our project this fall. The next leg of the journey begins with the implementation of those guidelines—with data obtained from applications passing electronically from one partner to the next.

During the next ILTCI Conference in Atlanta, Georgia to be held March 6-9, 2011, we will be reviewing STP: where we have been, determine where we are going, and how we're going to get there. It has been an exciting journey so far. I am delighted to find that so many others have shared my vision along the way and have gotten on board. How about you? ■

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1. **Person(s) or group(s) of persons authorized to disclose the information:**
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- I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization, or to the extent that other law provides the insurance company named above with the right to contest a claim under the policy or the policy itself, by sending a written revocation to the insurance company named above, Underwriting Supervisor, at the address listed above.
- This authorization will expire 24 months from the date signed.
- I understand that either I or my authorized representative will receive a copy of this signed authorization.

A copy of this authorization will be considered as valid as the original.

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Applicant's Signature	Date (mm/dd/yyyy)

If this authorization is signed by a personal representative of the applicant, a description of the representative's authority to act on behalf of the applicant must be included below:

ACORD 650 (2009/01)

Independent Review of Long-Term Care Benefit Trigger Decisions

by Barbara Rothermel

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For the first time in the history of the Long-Term Care Insurance (LTCI) product, benefit trigger decisions will be subject to review by an independent third party, in accordance with a National Association of Insurance Commissioners (NAIC) Long-Term Care Insurance Model Regulation provision that was adopted in late 2009. It's a process wherein, after the insured has exhausted all avenues of internal appeal, the insurer's benefit eligibility decision can be reviewed by an unbiased third party (an independent review organization, or IRO). The IRO would review the same file documentation that the insurer relied on to reach its decision that the benefit eligibility criteria (aka benefit trigger) wasn't met. The IRO would need to determine, for qualified LTCI contracts, whether the insured met the policy's benefit trigger and would review medical records, assessment documents, and other data to determine whether the insured requires substantial assistance with Activities of Daily Living (ADLs), has at least two or more ADL deficits, or has a severe cognitive impairment.

When I worked in a claim shop, I viewed denials as an educational opportunity. Most times, the person appealing the benefit eligibility denial was not involved in the policy purchase decision and was unfamiliar with LTCI, or didn't understand the policy's benefit trigger. We might hear something like, "But mom has diabetes and had a stroke last spring, and she now needs a walker to get around." Once we explained what an ADL is; how it's defined; how the benefit trigger works; and that if the insured is able to perform ADLs independently with use of a walker, the benefit eligibility criteria hasn't been met; the caller understood the explanation and the appeal usually dropped.

One is not considered a chronically ill individual, as defined by federal law (HIPAA), simply because of the presence of a chronic illness, such as diabetes.

One is not considered a chronically ill individual, as defined by federal law (HIPAA), simply because of the presence of a chronic illness, such as diabetes. But let's face it; LTCI is a more complex product than traditional medical reimbursement insurance. Given the often considerable period of time between completing the insurance application and submitting a claim form, the insured may not remember the explanation of the policy's benefit trigger given at solicitation. Each qualified LTCI contract has the same benefit trigger as established by federal law (to paraphrase HIPAA language): To be a chronically ill individual and eligible for benefits, one must be certified by a licensed health care practitioner as being unable to perform, without the substantial assistance of another person, at least two ADLs (e.g., bathing, continence, dressing, eating, toileting and transferring) for a period of at least 90 days due to loss of functional capacity; or require substantial supervision from another person to protect the individual from threats to health and safety due to severe cognitive impairment.

I believe there are more advantages to be gained from an independent review mechanism than disadvantages. Assuming that the IRO is a credible organization with the proper medical professionals to review cognitive and functional deficits, then LTC insurers should feel confident that the IRO will validate its decision. Having IROs confirm that the insurer's decision was correct can only mitigate the potential for misunderstanding, distrust and suspicion by a public that may be skeptical of the insurance industry. Perhaps having this avenue available will mitigate the potential for litigation. We can't anticipate the volume of individuals seeking appeals, and, of course, since the insurer pays the cost for the review and this is a price-sensitive product, we just don't know the pricing impact that independent review will have. Based on industry data available for medical external review, I expect the volume will be low.[1]

Having an NAIC LTCI Model provision for independent review may lessen the potential for state variations or state adoptions based on their medical external review law. In the medical external review world, the IRO is generally looking at the medical necessity or efficacy of a particular service or treatment, or whether it's experimental or investigational, while LTC insurers focus on the individual and deficits arising from functional limitations. A typical medical external review model will rely on the latest medical journals, clinical studies and data dealing with medical protocols to reach a determi-

nation as to medical necessity or the experimental/investigational nature of a service or treatment, but LTC benefit eligibility reviews need to focus on whether the insured has a condition that affects his ability to perform ADLs, or has a cognitive impairment that is so severe that he requires substantial supervision.

A LTC benefit eligibility review requires a familiarity with diagnoses, staging of the disease process, restorative potential, and the type of functional deficits that may be associated with a given medical condition (which a typical physician may not have). Medical protocols and journals won't be of much use in a LTCI benefit eligibility review, because the decision is generally one that is tied to the unique circumstances of the insured. LTC benefit eligibility reviews require a different type of reviewer and a different type of review than medical external review decisions and getting state regulators to understand that may be a challenge. I think education and awareness continue to be the key to the success of this product; education and awareness by the consumer, the regulator, and the public of both the product and the need for the product is an ongoing process.

As of this writing, only five states (Iowa, Vermont, Pennsylvania, South Dakota and West Virginia) have adopted an independent review mechanism for LTC benefit eligibility denials. Only one state (Iowa) has certified IROs to review benefit eligibility denials (Medical Review Institute of America; Clinix).

The potential disadvantages include significant state variations that make administration difficult and costly, or having IROs involved in the process that do not fully understand HIPAA's benefit trigger.

Independent review of benefit trigger decisions will show what most of us in the industry already know: that LTCI benefit eligibility decisions are being made appropriately and the product itself provides tremendous value to those in need. ■

ENDNOTE

[1] "An Update on State External Review Programs, 2006," America's Health Insurance Plans, July 2008, notes that "In all the states for which data were reported, on average, fewer than one out of every 10,000 eligible individuals submitted appeals for external review of coverage disputes." .

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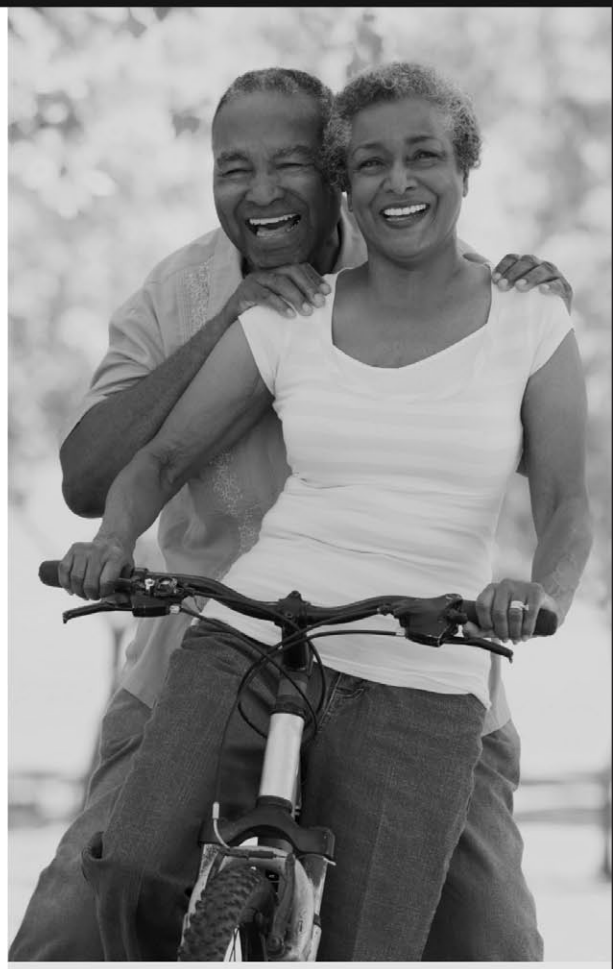

Contact Denise Fuesz at dfuesz@soa.org to become a sponsor. Contact Jan Schuh at jschuh@soa.org to become a participating organization.

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SOCIETY OF ACTUARIES Long-Term Care Insurance Section

Long-Term Care News

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