

31A-22-1413 Claim information.

If a claim under a long-term care insurance contract is denied, within 60 days of the date a written request by the policyholder or a representative of a policyholder is filed with the insurer, the insurer shall:

- (1) provide a written explanation of the reason for the denial; and
- (2) make available all information directly related to the denial.

Enacted by Chapter 116, 2001 General Session