



RECORDS RETENTION AND DISPOSITION SCHEDULE

Insurance, Department of. Senior Health Information Insurance Program.

Agency: Senior Health Information Insurance Program		Division:	
ITEM NO.	RECORD SERIES	TITLE/DESCRIPTION <i>(This Retention Schedule is approved on a space-available basis)</i>	RETENTION PERIOD
1	98-58	REPORT ON LAPSES AND REPLACEMENTS OF IN LONG TERM CARE INSURANCE POLICIES, SF 45868 This is a report submitted by the insurance companies which write Indiana Long Term Care insurance, of the ten percent (10%) of their agents with the greatest percentage of replacements and lapses fo rthe previous year; arranged chronologically by year.	DESTROY three (3) years after the latest reporting year.
2	98-59	REPORT ON RECISSIONS OF LONG TERM CARE POLICIES, STATE FORM #45869 By June 30 of each year insurance companies submit a list of policies rescinded by the insurance company and not voluntarily by the insured; arranged chronologically.	DESTROY three (3) years after the latest reporting year.
3	98-60	REPORT ON IN LONG TERM CARE INSURANCE POLICIES, STATE FORM #45867 This state form is used by insurance providers to submit information used by the Senior Health Insurance Information Program for their annual report.	DESTROY three (3) years after the latest reporting year.
4	98-61	MEDICARE SUPPLEMENT REFUND CALCULATION FORM Insurance companies that issue Medicare Supplement policies must report their loss ratios annually; arranged alphabetically by company name.	DESTROY five (5) years after the latest reporting year.
5	98-62	REPORT ON INDIANA MEDICARE SUPPLEMENT POLICIES, STATE FORM # 44655 This annual report is used to prepare a list of approved Medicare Supplement policies in Indiana. It is available to consumers by the Indiana Department of Insurance; yearly chronological arrangement.	DESTROY three (3) years after the latest reporting year.
6	98-63	REPORT OF DUPLICATION OF MEDICARE SUPPLEMENT POLICIES This annual report consists of the notification by insurance copmanies of each Indiana resident who has more than one (1) Medicare Supplement policy; yearly chronological arrangement.	DESTROY three (3) years after the latest reporting year.
7	98-64	SENIOR HEALTH INSURANCE INFORMATION PROGRAM EXPENSE REPORTS This monthly expense record is submitted by the Office Operations Manager. Retention based on IC 34-13-1-1, (1998 Edition)	DESTROY ten (10) federal fiscal years after the end of the grant renewal and after the end of the grant period and after receipt of federal and STATE BOARD OF ACCOUNTS Audit Reports and satisfaction of unsettled charges.
8	98-65	HEALTH CARE FINANCING ADMINISTRATION FEDERAL CASH TRANSACTIONS This is a one (1) quarter SHIIP expense report and the U.S. Treasury Department payments. Retention based on IC 34-13-1-1, (1998 Edition)	TRANSFER to the RECORDS CENTER three (3) federal fiscal years after the end of the grant renewal and after the end of the grant period and after receipt of federal and STATE BOARD OF ACCOUNTS Audit Reports and satisfaction of unsettled charges. DESTROY after an additional seven (7) years in the RECORDS CENTER. TOTAL RETENTION: Ten (10) federal fiscal years after the end of the grant renewal and after the end of the grant period and after receipt of federal and STATE BOARD OF ACCOUNTS Audit Reports and satisfaction of unsettled charges.

9	98-66	<p>HEALTH CARE FINANCING ADMINISTRATION FINANCIAL STATUS REPORT</p> <p>This expense report is submitted to the federal entity every six (6) months and is cumulative since 1992. Retention based on IC 34-13-1-1, (1998 Edition).</p>	<p>TRANSFER to the RECORDS CENTER three (3) federal fiscal years after the end of the grant renewal and after the end of the grant period and after receipt of federal and STATE BOARD OF ACCOUNTS Audit Reports and satisfaction of unsettled charges. DESTROY after an additional seven (7) years in the RECORDS CENTER. TOTAL RETENTION: Ten (10) federal fiscal years after the end of the grant renewal and after the end of the grant period and after receipt of federal and STATE BOARD OF ACCOUNTS Audit Reports and satisfaction of unsettled charges.</p>
10	98-67	<p>HEALTH CARE FINANCING ADMINISTRATION GRANT APPLICATIONS AND AWARDS</p> <p>This is the yearly grant application and any award(s) notification. Retention based on IC 34-13-1-1, (1998 Edition).</p>	<p>TRANSFER to the RECORDS CENTER three (3) federal fiscal years after the end of all grant renewals and after the end of the grant period and after receipt of federal and STATE BOARD OF ACCOUNTS Audit Reports and satisfaction of unsettled charges. DESTROY after an additional seven (7) years in the RECORDS CENTER. TOTAL RETENTION: Ten (10) federal fiscal years after the end of the grant renewal and after the end of the grant period and after receipt of federal and STATE BOARD OF ACCOUNTS Audit Reports and satisfaction of unsettled charges.</p>
11	98-68	<p>PROFESSIONAL CONTRACTS WITH REGIONAL MANAGERS</p> <p>These regional managers assist with program implementation. Contract is for two (2) years with an option to renew for two (2) more years. Retention based on IC 34-13-1-1, (1998 Edition).</p>	<p>DESTROY ten (10) federal fiscal years after expiration of the contract and after the grant renewal and after receipt of federal and STATE BOARD OF ACCOUNTS Audit Reports and satisfaction of unsettled charges.</p>
12	98-69	<p>AGREEMENTS WITH SPONSORING ORGANIZATIONS</p> <p>These sponsoring organizations have entered into contracts to support a Senior Health Insurance Information Program counseling site. There is no exchange of money in these contracts. A sponsoring organization agrees to voluntarily provide at no cost to the Department of Insurance suitable space for counseling and related services and supplies. Contracts are for two (2) years with a two (2) year renewal option. Retention based on IC 34-13-1-1, (1998 Edition).</p>	<p>DESTROY ten (10) federal fiscal years after expiration of the contract and after the grant renewal and after the end of the grant period.</p>
13	98-70	<p>SENIOR HEALTH INSURANCE INFORMATION PROGRAM COUNSELOR REPORTS, STATE FORM #44002</p> <p>In accordance with the grant award agreement from the federal Health Care Financing Administration within the U.S. Department of Health and Human Services, this state form is used to collect data from a client via a telephone call or personal counseling session from a client. Selected information fields are input into a computer database and reported to the federal Health Care Financing Administration. These demographic statistics report the number of hours used to counsel clients, number of clients counseled, number of counselors and number of presentations made to groups or individuals. Personally identifiable project-related information that identifies individuals=Confidential, (Beneficiary Protections, Part 18; Health Care Financing Administration Grant Award Agreement).</p>	<p>TRANSFER to the Indiana Archives, for EVALUATION, SAMPLING, or WEEDING pursuant to archival principles, two (2) years after verification of the database information.</p>