

215 ILCS 5/351A-9.3 Claim Denial; Explanation

Sec. 351A-9.3. Claim denial; explanation.

If a claim under a long-term care insurance contract is denied, the issuer, within 60 days after receipt of a written request by a policyholder or certificate holder or a policyholder's or certificate holder's representative shall:

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

(Source: P.A. 92-148, eff. 7-24-01.)