**20:06:21:72.  Disclosure to applicant for a claim denial.** If a claim under a long-term care insurance contract is denied, the issuer shall, within 60 days of the date of a written request by the policyholder or certificateholder, or a representative thereof:

 (1)  Provide a written explanation of the reasons for the denial; and

 (2)  Make available all information directly related to the denial.

 **Source:** 28 SDR 157, effective May 19, 2002.

 **General Authority:** SDCL 58-17B-4.

 **Law Implemented:** SDCL 58-17B-4.