

“Partnership Program Policy Certification Form”

DIRECTIONS: This certification must be completed and submitted with each long-term care policy or certificate that is intended to qualify under the state long-term care partnership program. The certification must be signed by an officer of the company with authority to bind the company. A separate certification must be completed for each policy form. A long-term care policy or certificate may not be issued in Missouri as a partnership program policy or certificate unless and until this certification has been submitted to the Department of Insurance, Financial Institutions & Professional Registration and the policy or certificate has been approved by the Director.

For newly-filed policy forms intended to qualify for the partnership program, this certification must be filed as part of the policy form filing. With respect to a previously filed form that qualifies for the partnership program, this certification shall be filed with the Department identifying by form number and filing date the previously filed form. If an insurer is filing an endorsement or rider to amend a previously filed form in order to make the form compliant with the partnership program, this Certification must be filed with the endorsement or rider filing, and must identify the previously filed form by form number and filing date.

CERTIFICATION

Under Section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)) and in accordance with sections 208.690 to 208.698 RSMo., the following insurer _____ (name) hereby submits information related to policy or certificate form _____ (form number) filed on _____ (date) to substantiate that the form includes all consumer protection requirements set forth in section 1917(b)(5)(A) of the Social Security Act (42 U.S.C. 1396p(b)(5)(A)) and that it includes certain specified provisions of the Long-Term Care Insurance Model Regulation and Long-Term Care Insurance Model Act promulgated by the National Association of Insurance Commissioners (NAIC), as adopted as of October 2000, hereinafter referred to herein as the “Model Regulation” and “Model Act,” respectively, which have been incorporated into Missouri law as provided for in sections 208.690 to 208.698 RSMo, sections 376.1100 to 376.1130 RSMo. and Mo. Reg. 20 CSR 400-4.100

Part I. General Information.

A. Name, address, and telephone number of issuer: _____

B. Policy form(s) covered by this certification, including the form number and filing date:

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided with this certification if they have not been previously approved by the Department of Insurance, Financial Institutions & Professional

Registration for use in Missouri. Policy forms that have been previously approved by the Department for use in Missouri shall be provided upon request.

Part II. Questions regarding compliance with the Model Regulation, Model Act and Missouri law.

Please answer each of the following questions with respect to the policy forms identified in Part I (B), above.

For purposes of answering the questions below, any provision of the Model Regulation and Model Act listed below shall be treated as including any other provisions of the Model Regulation and Model Act necessary to implement the provision.

In order for a policy to qualify as a Long-Term Care Insurance Partnership Program Policy, the answers to all questions below should be “Yes” (or “N/A” where all requirements with respect to a provision cited herein are not applicable). If answers differ between policy forms (e.g., a requirement would be answered “Yes” for one form and “N/A” for another), you should use separate Certification for such policies.

(1) Do each of the policies identified in Part I(B) above (including certificates issued under a group insurance contract) comply with the following requirements of the Model Regulation, as contained in Mo. Reg. 20 CSR 400-4.100

A. Model Section 6A. Section (4)(A) relating to guaranteed renewal or noncancellability.
Yes ___ No ___ N/A ___

B. Model Section 6B. Section (4)(B) relating to prohibitions on limitations.
Yes ___ No ___ N/A ___

C. Model Section 6C. Section (4)(C) relating to extension of benefits.
Yes ___ No ___ N/A ___

D. Model Section 6D. Section (4)(D) relating to continuation or conversion of coverage
Yes ___ No ___ N/A ___

E. Model Section 6E. Section (4)(E) relating to discontinuance and replacement.
Yes ___ No ___ N/A ___

F. Model Section 7. Section (5) relating to unintentional lapse
Yes ___ No ___ N/A ___

G. Model Section 8. Section (6) relating to disclosure, other than sections (6)(F) and (6)(I) thereof.
Yes ___ No ___ N/A ___

H. Model Section 9. Section (7) relating to required disclosure of rating practices to the consumer.

Yes ___ No ___ N/A ___

I. Model Section 11. Section (9) relating to prohibitions against post-claims underwriting

Yes ___ No ___ N/A ___

J. Model Section 12. Section (10) relating to minimum standards for home health and community care benefits.

Yes ___ No ___ N/A ___

K. Model Section 14. Section (12) relating to application forms and replacement coverage

Yes ___ No ___ N/A ___

L. Model Section 15. Section (13) relating to reporting requirements

Yes ___ No ___ N/A ___

M. Model Section 22. Section (20) relating to filing requirements for marketing

Yes ___ No ___ N/A ___

N. Model Section 23. Section (21) relating to standards for marketing including inaccurate completion of medical histories.

Yes ___ No ___ N/A ___

O. Model Section 24. Section (22) relating to suitability

Yes ___ No ___ N/A ___

P. Model Section 25. Section (23) relating to prohibition against preexisting conditions and probationary periods in replacement coverage.

Yes ___ No ___ N/A ___

Q. Model Section 28. Section (24) relating to contingent nonforfeiture benefits.

Yes ___ No ___ N/A ___

R. Model Section 31. Section (30) relating to the standard format outline of coverage.

Yes ___ No ___ N/A ___

S. Model Section 32. Section (31) relating to the requirement to deliver a shopper's guide.

Yes ___ No ___ N/A ___

(2) Do each of the policies identified in Part I(B) above (including certificates issued under a group insurance contract) comply with the following requirements of the Model Act?

A. Model Section 6C. Section 376.1109.3, RSMo, relating to preexisting conditions
Yes ___ No ___ N/A ___

B. Model Section 6D. Section 376.1109.6, RSMo, relating to prior hospitalization
Yes ___ No ___ N/A ___

C. Model Section 8. Section 376.1127.3, RSMo, relating to contingent nonforfeiture benefits
Yes ___ No ___ N/A ___

D. Model Section 6F. Section 376.1109.11, RSMo, relating to the right to return.
Yes ___ No ___ N/A ___

E. Model Section 6G. Section 376.1115, RSMo, relating to the outline of coverage.
Yes ___ No ___ N/A ___

F. Model Section 6H. Section 376.1115.3 RSMo, relating to requirements for certificates under group plans.
Yes ___ No ___ N/A ___

G. Model Section 6J. Section 376.1115.5, RSMo, relating to a policy summary for long-term care benefits funded through a life insurance vehicle by the acceleration of the death benefit.
Yes ___ No ___ N/A ___

H. Model Section 6K. Section 376.1118 RSMo, relating to monthly reports on accelerated death benefits.
Yes ___ No ___ N/A ___

I. Model Section 7. Section 376.1124, RSMo, relating to incontestability period.)
Yes ___ No ___ N/A ___

Part III. Inflation Protection.

Do each of the policies identified in Part I(B) above (including certificates issued under a group insurance contract) comply with the partnership program inflation protection requirements of sections 208.696.1(2)(b) RSMo.

Yes ___ No ___

Part IV. Certification.

As an officer of the insurer, I hereby certify that the answers, accompanying documents, and other information set forth herein for certification of the listed policy form or forms are to the best of my knowledge and belief, true, correct, and complete and that the policies identified in this form meet all of the consumer protection requirements pertaining to long-term care insurance partnership policies for the State of Missouri. I understand that false, inaccurate or incomplete information on this form or accompanying documents may result in disapproval of listed policies for use in Missouri and other administrative sanctions.

Signature Date: _____

Name of Certifying Officer: _____

Title of Certifying Officer: _____

Signature of Certifying Officer _____

Name of Company Contact _____

(If other than certifying officer)

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Mailing Address: _____