**Actuarial Certifications of Rate Stability for Long-term Care Insurance**

**Applicable to Policies Issued on or after February 1, 2003**

**N.C.G.S. § 58-51-95(i), T11 NCAC 16.0208**

**1. List of policy forms currently available for sale in North Carolina:**

**Forms:**

Click or tap here to enter Forms.

**For each of the above forms, I certify that in my opinion the current premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and that each premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated. (For any forms currently available for sale for which this certification cannot be made, provide a specific plan of corrective action in section 3 below.)**

**In making this certification, I have interpreted “moderately adverse” to mean the following deviations from expected experience:**

Click or tap here to enter text.

**2. For policy forms issued in North Carolina on or after February 1, 2003 that are no longer**

**available for sale, please complete the following:**

1. **a. For the forms listed below which are no longer available for sale, I certify that I have reviewed the historical experience of the policy form and that in my opinion the current premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and that each premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated.**

**Forms:**

Click or tap here to enter Forms.

**In making this certification, I have interpreted “moderately adverse” to mean the following deviations from expected experience:**

Click or tap here to enter text.

1. **b. For the forms listed below which are no longer available for sale, I certify that I have reviewed the historical experience of the policy form and in my opinion a rate revision is not currently justified by the historical experience of the form.**

**Forms:**

Click or tap here to enter Forms.

1. **c. For the forms listed below which are no longer available for sale, I certify that I have reviewed the historical experience of the policy form and in my opinion corrective action may be necessary.**

**Forms:**

Click or tap here to enter Forms.

**3. Corrective Actions Required.**

**For each form issued on or after February 1, 2003, for which corrective action may be necessary, submit the Company’s specific plan of corrective action for approval by the Commissioner. If part of the corrective action is filing a rate request, please indicate the approximate date the rate request will be filed with the Department.**

Click or tap here to enter Corrective Action Plan, if necessary.

**Signature of Actuary:**

Click or tap here to enter Actuary Signature.

**Date:** Click or tap to enter a date.

**Name of Actuary:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Company Name:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**Questions Regarding Completion of Form Email: LHinbox@ncdoi.gov**