**STATE OF NORTH CAROLINA**

**INSURER CERTIFICATION FORM FOR THE**

**LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM**

Pursuant to Section 1917 of the Social Security Act, the State of North Carolina has implemented a Long-Term Care

Insurance Partnership Program. Under this program, a person receiving benefits under a qualified Long-Term Care

Insurance Partnership Policy (“Partnership Policy”) may be entitled to have assets equivalent to the benefits received

disregarded for the purpose of determining Medicaid eligibility. The Commissioner of the Department of Insurance

may certify that long-term care insurance policies (including certificates issued under a group insurance contract)

meet certain consumer protection requirements necessary for a policy to qualify as a Partnership Policy. These

consumer protection requirements are set forth in section 1917(b)(5)(A) of the Social Security Act (42 U.S.C.

1396p(b)(5)(A)) and principally include 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.

In determining compliance with the consumer protection requirements applicable to Partnership Policies, the

Commissioner will review a certification made on behalf of an insurance company that a policy or policies meet all

consumer protection requirements necessary to qualify as a Partnership Policy. An insurer wishing to have a long-term care insurance policy certified by the Commissioner as meeting the requirements for treatment as a Partnership

Policy must fully and accurately complete this Insurer Certification Form. The certification must be made by an

officer of the insurer having the authority to bind the insurer and full contact information for the certifying officer

must be provided. A copy of any certification issued by the Commissioner in reliance upon this form can be

provided to the person identified as the contact at the end of this form.

**By submitting this form, you are certifying that the information contained on the form is complete and**

**accurate. Any inaccuracies in the informaide on this form may result in a withdrawal of any**

**certification made by the Commissioner in reliance on this form, retroactive correction of the policy to**

**conform to the information provided in the certification, disapproval of the policy for use in North Carolina and administrative sanctions against the insurer on whose behalf the form is submitted. Therefore, it is essential that you carefully review the information set forth on this form for accuracy.**

I. **GENERAL INFORMATION**

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

NAME: Click here to enter text.

ADDRESS: Click here to enter text.

CITY: Click here to enter text.

STATE: Click here to enter text.

ZIP: Click here to enter text.

PHONE NUMBER: Click here to enter text.

EMAIL ADDRESS: Click here to enter text.

**B. Attach a separate list or spreadsheet of the previously approved policy form(s) covered by this Issuer Certification Form. The list must provide the following policy form and or certificate identifying information (excel spread sheet format required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *SERFF/NC DOI filing #* | *? IIPRC Filing yes or no* | *Policy / Cert form #* | *Filing approval date* | *Product Marketing Name* | *Will use premium*  *Rates on file?*  *Yes or No* |

**Policy forms, premium rates, any riders and endorsements that have not previously been filed with the Department for use in North Carolina or via the Interstate Insurance Product Regulation Commission must be filed and approved before marketing of such forms.**

Specimen policy forms that have been previously filed with the Department and approved for use in North Carolina shall be provided upon request

.

*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 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 Insurer Certification Forms for such policies.*

II. **QUESTIONS REGARDING APPLICABLE PROVISIONS OF THE NAIC MODEL**

**REGULATION AND MODEL ACT**

Please answer each of the following questions below with respect to the policy forms identified in section I.B above.

Unless otherwise indicated, all section references in part (1) are to sections of the Long-Term Care Insurance Model

Regulation and Long-Term Care Insurance Model Act promulgated by the National Association of Insurance

Commissioners and incorporated by reference by reference in section 1917(b)(5)(A) of the Social Security Act (42 U.S.C. 1396p(b)(5)(A)).

(1) Do each of the policy forms identified in section I.B above (including certificates issued under a group

insurance contract) comply with the following requirements of the NAIC Long-Term Care Insurance Model Regulation and/or the NAIC Long-Term Care Insurance Model Act when issued as a Qualified Long Term Care Partnershp Policy?

 A. Section 6A of the Long-Term Care Insurance Model Regulation (relating to

Guaranteed renewal or noncancellability), other than paragraph (5) thereof, and the requirements of section 6B of the Long-Term Care Insurance Model Act relating to such Section 6A of the model regulation.

 B. Section 6B (relating to prohibitions on limitation and exclusions)

other than paragraph (7) thereof.

 C. Section 6C (relating to extension of benefits).

 D. Section 6D (relating to continuation or conversion of coverage).

 E. Section 6E (relating to discontinuance and replacement of policies).

 F. Section 7 (relating to unintentional lapse).

 G. Section 8 (relating to disclosure), other than sections 8F, 8G, 8H,

and 8I thereof.

 H. Section 9 (relating to required disclosure of rating practices to

consumer).

 I. Section 11 (relating to prohibitions against post-claims

underwriting).

 J. Section 12 (relating to minimum standards).

 K. Section 14 (relating to application forms and replacement

coverage).

 L. Section 15 (relating to reporting requirements).

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

 N. Section 23 (relation to standards for marketing), including

inaccurate completion of medical histories, other than paragraphs

(1), (6), and (9) of section 23C.

 O. Section 24 (relating to suitability).

 P. Section 25 (relating to prohibition against preexisting conditions

and probationary periods in replacement policies or certificates).

 Q. Section 26. Availability of New Services

 R. Section 27. Right to Reduce Coverage and Lower Premiums

 S. Section 28. Nonforfeiture Benefit Requirement

 T. Section 29. Standards for Benefit Triggers

 U. Section 30. Additional Standards for Benefit Triggers for Qualified Long-Term Care Insurance Contracts

 V. Section 33. Standard Format Outline of Coverage

 W. Section 34. Requirement to Deliver Shopper’s Guide

 X. Section 35. Penalties (Acknowledge that there are penalties, in addition to any other provided by state laws, for violation of any requirement relating to regulation of long term care insurance in this state)

(2) Are the following requirements of NAIC Model Act met with respect to each of the policy forms identified in section I.B above (including certificates issued under a group insurance contract) that when issued are compliant under the Partnership?

 A. Section 6C (relating to preexisting conditions).

 B. Section 6D (relating to prior hospitalization).

 C. Section 6F (relating to right to return).

 D. Section 6G (relating to outline of coverage).

 E. Section 6H (relating to requirements for certificates under group

plans).

 F. Section 6J (relating to policy summary).

 G. Section 6K (relating to monthly reports on accelerated death

benefits).

 H. Section 7 (relating to incontestability period).

 I. Section 8 (relating to nonforfeiture benefits)

III. **Questions Relating to Compliance with Article 55, Part 2. Long-Term Care Partnership, of Chapter 58 of the North Carolina General Statutes.**

1. Are the following requirements of NCGS 58-55-60 met with respect to each of the policy forms identified in section I.B above (including certificates issued under a group insurance contract) that when issued are compliant under the Partnership?

 (1) The policy meets the requirements for a qualified long-term care insurance

contract, as defined in section 7702B of the Internal Revenue Code of 1986

(26 U.S.C. § 7702B(b)).

 (2) The effective date of the coverage is on or after January 1, 2011, or 60 days

after approval of the Medicaid State Plan amendment, whichever is later.

 (3) The policy covers an insured who was a resident of North Carolina or

another reciprocal partnership state when coverage first became effective

under the policy.

 (4) The policy meets the federal consumer protection requirements of section

1917(b) of the Social Security Act as amended by section 6021(a) of the

Deficit Reduction Act of 2005, P.L. 109-171 of the Social Security Act (42

U.S.C. § 1396p(b)(5)(A)).

 (5) The policy is issued with and retains inflation protection coverage which

meets the inflation standards based on the insured's then attained age as

defined in sub-subdivisions a., b., and c. below:

a. Policies or certificates issued to an individual who is under 61 years

old must provide compound annual inflation protection.

b. Policies or certificates issued to an individual who is 61 to 76 years

old must provide some level of inflation protection. This may include

simple interest or compound inflation protection.

c. For purchasers 76 years old or older, inflation protection may be

offered but is not required.

Notwithstanding the above, purchasers of qualified long-term care insurance policies may adjust their inflation protection as they age. However, their policies shall continue to be qualified long-term care insurance policies as long as the inflation protection in the qualified policies continues to meet the minimum requirements for the insured's attained age.

 (6) The policy states that it is intended to be a qualified long-term care insurance

policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.

 (7) A qualified policy issued, executed, and delivered in North Carolina shall be

accompanied by a Partnership Disclosure Notice in at least 12 point font explaining the benefits associated with a qualified policy and indicating that at the time issued, the policy is a qualified long-term care insurance partnership policy in North Carolina. The Partnership Disclosure Notice shall also include a statement indicating that by purchasing this partnership policy, the insured does not automatically qualify for Medicaid. Notices providing additional information may be used in conjunction with the Partnership Disclosure Notice described in this section if filed and approved by the Commissioner. See the required Partnership Disclosure Notice template language at our web site: <http://www.ncdoi.com/lh/lh_home.asp>

**Include a specimen copy of your disclosure notice with this certification filing and a description of how the notice will be included in or with the policy or certificate.**

In the case of a group insurance contract, this Partnership Disclosure Notice

shall be provided to the insured upon the issuance of the certificate. The

insurer shall include in that Notice that the amount of the insured's resources

that may be disregarded at eligibility will be equal to the amount of qualified

long-term care partnership policy benefits paid prior to the time the insured

applied for long-term care Medicaid. The insurer shall also include in the

notice a warning to the insured that the policy may lose long-term care

partnership program status if the insured moves to another state that does not

recognize North Carolina's Long-Term Care Partnership Program, or if the

policy is modified after issuance.

 (8) Certify that when the insured's remaining lifetime maximum benefit is equal to

90 times the current daily benefit, or three times the current monthly benefit, the

insurer shall notify the insured in writing advising the insured to go to the

local department of social services to apply for Medicaid if the insured had

not already done so.

1. Disclosure Notices NCGS 58-55-70 - Certification that the insurer has procedures in place to comply with the following requirements with respect to all policies (including certificates issued under a group insurance contract) that when issued are compliant under the Partnership?

 (a) Prior to making a change requested by the policyholder to a qualified long-term

care partnership policy that would result in the loss to the policy of qualified

policy status, the insurer shall provide to the policyholder a written explanation

within 30 calendar days of how this action would affect the insured and shall

obtain the insured's signature indicating consent to the change.

 (b) If a qualified long-term care partnership policy subsequently loses qualified

policy status, the insurer shall explain in writing within 30 calendar days to the

policyholders the reason for the loss of status.

 (c) The disclosures required in this section shall be provided to any insured who

exchanges a policy for a qualified long-term care partnership policy.

1. 58-55-75 Exchange of long-term care policies for long-term care partnership policies. Certification that the insurer has procedures in place to comply with the following requirements to offer and exchange opportunity to certain current Long Term Care insureds.

 The company has in place a procedure for compliance with the requirement to

offer, on a onetime basis, in writing, to all existing policyholders that were

issued a long term care policy on or after February 8, 2006, the option to

exchange their existing long-term care coverage for coverage that is intended to

qualify under North Carolina's Long-Term Care Partnership Program.

 Certify the date upon which marketing of partnership policies will begin and

from which the insurer shall provide notification of this onetime offer within

180 days from the date on which the company begins to offer partnership

coverage in the State. The mandatory offer of an exchange shall only apply to

products issued by the insurer that are comparable to the type of policy form,

such as group policies and individual policies, and on the policy series that the

company has certified as partnership qualified. *See statute for more details*.

**Marketing date of LTCP:** Click here to enter text.

IV. **CERTIFICATION**

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 qualified Long-Term

Care Insurance Partnership Policies. I understand that false, inaccurate or incomplete information on this form or

accompanying documents may result in disapproval of listed policies for use in North Carolina and other administrative

sanctions.

DATE: Click here to enter text.

SIGNATURE (INSERT IMAGE): 

**CONTACT INFORMATION**

NAME OF CERTIFYING OFFICER: Click here to enter text.

TITLE OF CERTIFYING OFFICER: Click here to enter text.

NAME OF COMPANY CONTACT

(If other than certifying officer): Click here to enter text.

PHONE NUMBER: Click here to enter text.

FAX NUMBER: Click here to enter text.

E-MAIL ADDRESS: Click here to enter text.

MAILING ADDRESS: Click here to enter text.