

3901-4-02

1

**APPENDIX B****“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 Ohio as a partnership program policy or certificate unless and until this certification has been submitted to the department of insurance and the policy or certificate has been filed for use with the department of insurance.

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 3901-4-01 and 3901-4-02 of the Ohio Administrative Code, 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 Ohio law as provided for in sections 3923.41 to 3923.49 of the Revised Code and sections 3901-4-01 and 3901-4-02 of the Ohio Administrative Code.

**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 filed with the Department of Insurance for use in Ohio. Policy forms that have been previously filed with the Department for use in Ohio shall be provided upon request.

**Part II. Questions regarding compliance with the Model Regulation, Model Act and Ohio 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 section 3901-4-01 of the Ohio Administrative Code?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

- A. Section 6A (relating to guaranteed renewal or noncancellability), other than paragraph (5) thereof, and the requirements of section 6B of the Model Act. (Section 3901-4-01(F)(1) of the Ohio Administrative Code; and section 3923.44(B) of the Revised Code.)

- Yes \_\_\_ No \_\_\_ N/A \_\_\_      B. Section 6B (relating to prohibitions on limitations and exclusions) other than paragraph (7) thereof. (Section 3901-4-01(F)(2) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      C. Section 6C (relating to extension of benefits). (Section 3901-4-01(F)(3) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      D. Section 6D (relating to continuation or conversion of coverage). (Section 3901-4-01(F)(4) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      E. Section 6E (relating to discontinuance and replacement of policies). (Section 3901-4-01(F)(5) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      F. Section 7 (relating to unintentional lapse). (Section 3901-4-01(G) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      G. Section 8 (relating to disclosure), other than sections 8F, 8G, 8H, and 8I thereof. (Section 3901-4-01(H) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      H. Section 9 (relating to required disclosure of rating practices to consumer). (Section 3901-4-01(I) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      I. Section 11 (relating to prohibitions against post-claims underwriting). (Section 3901-4-01(K) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      J. Section 12 (relating to minimum standards). (Section 3901-4-01(L) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      K. Section 14 (relating to application forms and replacement coverage). (Section 3901-4-01(N) of the Ohio Administrative Code.)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_      L. Section 15 (relating to reporting

requirements). (Section 3901-4-01(O) of the Ohio Administrative Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

M. Section 22 (relating to filing requirements for marketing). (Section 3901-4-01(U) of the Ohio Administrative Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

N. Section 23 (relating to standards for marketing), including inaccurate completion of medical histories, other than paragraphs (1), (6), and (9) of section 23C. (Section 3901-4-01(V) of the Ohio Administrative Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

O. Section 24 (relating to suitability). (Section 3901-4-01(W) of the Ohio Administrative Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

P. Section 25 (relating to prohibition against preexisting conditions and probationary periods in replacement policies or certificates). (Section 3901-4-01(X) of the Ohio Administrative Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Q. The provisions of section 26 relating to contingent nonforfeiture benefits. (Section 3901-4-01(AA) of the Ohio Administrative Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

R. Section 29 (relating to standard format outline of coverage). (Section 3901-4-01(DD) of the Ohio Administrative Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

S. Section 30 (relating to requirement to deliver shopper's guide). (Section 3901-4-01(EF) of the Ohio Administrative Code.)

(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?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

A. Section 6C (relating to preexisting conditions). (Sections 3923.44(B), (C) and

(D) of the Revised Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

B. Section 6D (relating to prior hospitalization). (Sections 3923.44(E) and (F) of the Revised Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

C. The provisions of section 8 relating to contingent nonforfeiture benefits. (Section 3923.442 of the Revised Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

D. Section 6F (relating to right to return). (Section 3923.44(H) of the Revised Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

E. Section 6G (relating to outline of coverage). (Section 3923.44(I) and (M) of the Revised Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

F. Section 6H (relating to requirements for certificates under group plans.) (Section 3923.44(J) of the Revised Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

G. Section 6J (relating to policy summary). (Section 3923.44(K) of the Revised Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

H. Section 6K (relating to monthly reports on accelerated death benefits). (Section 3923.44(L) of the Revised Code.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

I. Section 7 (relating to incontestability period.) (Section 3923.441 of the Revised Code.)

### **Part III. Inflation Protection.**

Yes \_\_\_ No \_\_\_

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 3923.44(O), (P) and (Q) of the Revised Code.)

### **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 Ohio. I understand that false, inaccurate or incomplete information on this form or accompanying documents may result in disapproval of listed policies for use in Ohio and other administrative sanctions.

Signature Date: \_\_\_\_\_

Insurer contact: \_\_\_\_\_

Name of Certifying Officer: \_\_\_\_\_  
Title of Certifying Officer: \_\_\_\_\_

Name of Company Contact \_\_\_\_\_  
(If other than certifying officer)

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_