# ISSUER CERTIFICATION (LONG-TERM CARE PARTNERSHIP PROGRAM)

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 58600 (6-2007)

Under Section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)), the Insurance Commissioner of a state implementing a Long Term Care Partnership Program may certify that long-term care insurance policies (including certificates issued under a group insurance contract) covered under the Long Term Care Partnership Program meet certain consumer protection requirements, and policies so certified are deemed to satisfy such requirements. 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 (as adopted as of October 2000) (referred to herein as the "2000 Model Regulation" and "2000 Model Act", respectively).

In order to provide the North Dakota Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requests information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the North Dakota Long Term Care Partnership Program.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, e.g., as it introduces new qualified long-term care insurance policy forms for issuance.

## I. GENERAL INFORMATION

| | | | |
|---|---|---|---|
| A. Name of Issuer | | Telephone Number | |
| Address | City | State | Zip Code |
| B. Name of an Employee of Issuer Who Will be the Contact Person for Information Relating to this Form | | Telephone Number | |
| Address | City | State | Zip Code |
| Email Address (if available) | | | |

C. Policy Form Number(s) (or other identifying information such as certificate series) and date of North Dakota approval for policies covered by this Issuer Certification Form:

| Policy Information | Date |
|---|---|
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Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

## II. APPLICABLE PROVISIONS OF THE 2000 MODEL REGULATION AND 2000 MODEL ACT

Please answer each of the questions below with respect to the policy forms identified in section I.C above. For purposes of answering the questions below, any provision of the 2000 Model Regulation or 2000 Model Act listed below shall be treated as including any other provision of the 2000 Model Regulation or 2000 Model Act necessary to implement the provision.

Are the following requirements of the 2000 Model Regulation met with respect to all policies (including certificates issued under a group insurance contract) intended to be covered under the Qualified Partnership that are issued on each of the policy forms identified in Section I.C above?

| | | Yes | No | NA |
|---|---|---|---|---|
| A. | N.D.A.C. 45-06-05.1-04 (1) (relating to guaranteed renewal or noncancellability), other than paragraph 45-06-05.1-04 (1)(e) thereof, and the requirements of N.D.C.C. 26.1-45-05 of the Long Term Care Act relating to N.D.A.C. 45-06-05.1-04 (1). | ☐ | ☐ | ☐ |
| B. | N.D.A.C. 45-06-05.1-04 (2) (relating to prohibitions on limitations and exclusions) other than paragraph 45-06-05.1-04 (2)(g) thereof. | ☐ | ☐ | ☐ |
| C. | N.D.A.C. 45-06-05.1-04 (3) (relating to extension of benefits). | ☐ | ☐ | ☐ |
| D. | N.D.A.C. 45-06-05.1-04 (4) (relating to continuation or conversion of coverage). | ☐ | ☐ | ☐ |
| E. | N.D.A.C. 45-06-05.1-04 (5) (relating to discontinuance and replacement of policies). | ☐ | ☐ | ☐ |
| F. | N.D.A.C. 45-06-05.1-05 (relating to unintentional lapse). | ☐ | ☐ | ☐ |
| G. | N.D.A.C. 45-06-05.1-06 (relating to disclosure), other than subsections (6), (7), (8) and (9) thereof. | ☐ | ☐ | ☐ |
| H. | N.D.A.C. 45-06-05.1-05.1-07 (relating to required disclosure of rating practices to consumer). | ☐ | ☐ | ☐ |
| I. | N.D.A.C. 45-06-05.1-09 (relating to prohibitions against post-claims underwriting). | ☐ | ☐ | ☐ |
| J. | N.D.A.C. 45-06-05.1-10 (relating to minimum standards). | ☐ | ☐ | ☐ |
| K. | N.D.A.C. 45-06-05.1-12 (relating to application forms and replacement coverage). | ☐ | ☐ | ☐ |
| L. | N.D.A.C. 45-06-05.1-13 (relating to reporting requirements). | ☐ | ☐ | ☐ |
| M. | N.D.A.C. 45-06-05.1-20 (relating to filing requirements for advertising). | ☐ | ☐ | ☐ |
| N. | N.D.A.C. 45-06-05.1-21 (relating to standards for marketing), including inaccurate completion of medical histories, other than subsection 3(a), (f) and (i). | ☐ | ☐ | ☐ |
| O. | N.D.A.C. 45-06-05.1-22 (relating to suitability). | ☐ | ☐ | ☐ |
| P. | N.D.A.C. 45-06-05.1-23 (relating to prohibition against preexisting conditions and probationary periods in replacement policies or certificates). | ☐ | ☐ | ☐ |
| Q. | The provisions N.D.A.C. 45-06-05.1-24 relating to contingent nonforfeiture benefits, if the policyholder declines the offer of nonforfeiture provision described in section 7702B(g)(4) of the Internal Revenue Code of 1986 (26 U.S.C. 7702B(g)(4)). | ☐ | ☐ | ☐ |
| R. | N.D.A.C. 45-06-05.1-27 (relating to standard format outline of coverage). | ☐ | ☐ | ☐ |
| S. | N.D.A.C. 45-06-05.1-28 (relating to requirement to deliver shoppers guide). | ☐ | ☐ | ☐ |

Are the following requirements of the 2000 Model Act met with respect to all policies (including certificates issued under a group insurance contract) intended to be covered under the Qualified Partnership that are issued on each of the policy forms identified in section I.C above?

| | | Yes | No | NA |
|---|---|---|---|---|
| A. | N.D.C.C. 26.1-45-06 (relating to preexisting conditions). | ☐ | ☐ | ☐ |
| B. | N.D.C.C. 26.1-45-07 (relating to prior hospitalization). | ☐ | ☐ | ☐ |
| C. | N.D.C.C. 26.1-45-14 relating to contingent nonforfeiture benefits. | ☐ | ☐ | ☐ |
| D. | N.D.C.C. 26.1-45-09(1) (relating to right to return). | ☐ | ☐ | ☐ |
| E. | N.D.C.C. 26.1-45-09(2) (relating to outline of coverage). | ☐ | ☐ | ☐ |
| F. | N.D.C.C. 26.1-45-09(3) (relating to requirements for certificates under group plans). | ☐ | ☐ | ☐ |
| G. | N.D.C.C. 26.1-45-09(5) (relating to policy summary). | ☐ | ☐ | ☐ |
| H. | N.D.C.C. 26.1-45-09(6) (relating to monthly reports on accelerated death benefits). | ☐ | ☐ | ☐ |
| I. | N.D.C.C. 26.1-45-05.1 (relating to incontestability period). | ☐ | ☐ | ☐ |

In order for a policy to be covered under the North Dakota Long Term Care Partnership Program, the answers to all questions above should be “yes” (or “N/A” where all requirements with respect to a provision above 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 Issuer Certification Forms for such policies.

## III. CERTIFICATION

I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

| Name of Officer of the Issuer | Title |
|---|---|
| Signature | Date |