

**Regulatory Bulletin 2009-05
Attachment A**

**STATE OF ARIZONA
LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM
INSURER CERTIFICATION FORM**

The State of Arizona has implemented a Long-Term Care Insurance Partnership Program (the “Partnership Program”) as authorized by the Deficit Reduction Act of 2005 (“DRA”), which provides that an Arizona resident who purchases a long-term care insurance policy that meets federal consumer protection and inflation protection requirements (a “Partnership Policy”) is subject to special rules for determining financial eligibility for long-term care Medicaid assistance.

The Arizona Insurance Director will certify whether a long-term care insurance policy qualifies as a Partnership Policy, based on the information an insurer provides in this Insurer Certification Form. Insurers must use this form when requesting certification for any policy, whether it is: (i) a previously approved policy; (ii) a new policy submitted for first time approval; and, (iii) policies exempt from filing under the 2003 Director’s Order. (See Docket No. 03A-143-INS). (<http://www.id.state.az.us/publications/LDExempt2003Order.pdf>)

I. INSURER INFORMATION

A. Insurer NAIC number _____

B. Name, address, and telephone number of Insurer:

C. Name, address, telephone number, and email address (if available) of an employee of Insurer who will be the contact person for information relating to this form:

II. POLICY INFORMATION

Note: Please complete one Insurer Certification Form for each policy you are certifying as a Partnership Policy.

A. If you are submitting this Certification Form for a **previously approved form or an exempt in force form** please complete the following table.

Policy/Rider/Endorsement Form Number	Policy/Rider/Endorsement Form Name	Date of Approval or “Exempt,” as Applicable	SERFF Tracking Number or “Paper,” as Applicable	State Tracking Number or “N/A”

(1) Does each policy, rider and endorsement listed in section II.A or II.B comply with the 2000 NAIC Model Regulation requirements listed below?

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 2000 Model Act relating to such section 6A.
Yes	No	N/A	B. Section 6B (relating to prohibitions on limitation and exclusions) other than paragraph (7) thereof.
Yes	No	N/A	C. Section 6C (relating to extension of benefits).
Yes	No	N/A	D. Section 6D (relating to continuation or conversion of coverage).
Yes	No	N/A	E. Section 6E (relating to discontinuance and replacement of policies).
Yes	No	N/A	F. Section 7 (relating to unintentional lapse).
Yes	No	N/A	G. Section 8 (relating to disclosure), other than sections 8F, 8G, 8H, and 8I thereof.
Yes	No	N/A	H. Section 9 (relating to required disclosure of rating practices to consumer).
Yes	No	N/A	I. Section 11 (relating to prohibitions against post-claims underwriting).
Yes	No	N/A	J. Section 12 (relating to minimum standards).
Yes	No	N/A	K. Section 14 (relating to application forms and replacement coverage).
Yes	No	N/A	L. Section 15 (relating to reporting requirements).
Yes	No	N/A	M. Section 22 (relating to filing requirements for marketing).
Yes	No	N/A	N. Section 23 (relation to standards for marketing), including inaccurate completion of medical histories, other than paragraphs (1), (6), and (9) of section 23C.
Yes	No	N/A	O. Section 24 (relating to suitability).
Yes	No	N/A	P. Section 25 (relating to prohibition against preexisting conditions and probationary periods in replacement policies or certificates).
Yes	No	N/A	Q. The provisions of section 26 relating to contingent nonforfeiture benefits, if the policyholder declines the offer of a nonforfeiture provision described in section 7702B(g)(4) of the Internal Revenue Code of 1986 (26 U.S.C. 7702B(g)(4)).
Yes	No	N/A	R. Section 29 (relating to standard format outline of coverage).
Yes	No	N/A	S. Section 30 (relating to requirement to deliver shopper's guide).

(2) Does each policy, rider and endorsement listed in section II.A or II.B comply with the 2000 NAIC Model Act requirements listed below?

Yes	No	N/A	A. Section 6C (relating to preexisting conditions).
Yes	No	N/A	B. Section 6D (relating to prior hospitalization).
Yes	No	N/A	C. The provisions of section 8 relating to contingent nonforfeiture benefits.
Yes	No	N/A	D. Section 6F (relating to right to return).
Yes	No	N/A	E. Section 6G (relating to outline of coverage).
Yes	No	N/A	F. Section 6H (relating to requirements for certificates under group plans).
Yes	No	N/A	G. Section 6J (relating to policy summary).
Yes	No	N/A	H. Section 6K (relating to monthly reports on accelerated death benefits).
Yes	No	N/A	I. Section 7 (relating to incontestability period).

(3) Does the policy listed in section II.A or II.B comply with the inflation protection requirements of 42 U.S.C. § 1396p(b)(1)(C)(iii)(IV)? Yes No

IV. CERTIFICATION

I hereby certify that the answers, accompanying documents, and other information set forth herein for certification of the listed 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 and inflation protection requirements pertaining to qualified Long-Term Care Insurance Partnership Policies. I understand that false, inaccurate or incomplete information on this certification form or accompanying documents may result in disapproval of listed policies for use in Arizona and/or other administrative sanctions.

Date

Signature

Required Contact Information:

Name and Title of Certifying Officer: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Mailing Address: _____