



---

---

**II. QUESTIONS REGARDING APPLICABLE PROVISIONS OF the Montana Long Term Care Insurance Act and Rule:**

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 Long-Term Care Rule listed below shall be treated as including any other provision of the Long-Term Care Rule necessary to implement the provision.

Are the following requirements of the Montana Long-Term Care Administrative Rules, as amended in 2008, met with respect to all policies (including certificates issued under a group insurance contract) intended to be covered under the Qualified Partnership Program that are issued on each of the policy forms identified in Section I.C above?

- |                        |    |  |
|------------------------|----|--|
| Yes ___ No ___ N/A ___ | A. | ARM 6.6.3104 (guaranteed renewal or noncancellability)                 |
| Yes ___ No ___ N/A ___ | B. | ARM 6.6.3104 (prohibitions on limitations and exclusions)              |
| Yes ___ No ___ N/A ___ | C. | ARM 6.6.3104 (extension of benefits)                                   |
| Yes ___ No ___ N/A ___ | D. | ARM 6.6.3104 (continuation or conversion of coverage)                  |
| Yes ___ No ___ N/A ___ | E. | ARM 6.6.3104 and 6.6.3109 (discontinuance and replacement of policies) |
| Yes ___ No ___ N/A ___ | F. | ARM 6.6.3104A (unintentional lapse)                                    |
| Yes ___ No ___ N/A ___ | G. | ARM 6.6.3105 (disclosure)  |
| Yes ___ No ___ N/A ___ | H. | ARM 6.6.3106 (prohibitions against post-claims underwriting)           |
| Yes ___ No ___ N/A ___ | I. | ARM 6.6.3107 (minimum standards)                                       |
| Yes ___ No ___ N/A ___ | J. | ARM 6.6.3109 (application forms and replacement coverage)              |
| Yes ___ No ___ N/A ___ | K. | ARM 6.6.3109A (reporting requirements)                                 |
| Yes ___ No ___ N/A ___ | L. | ARM 6.6.3113A (filing requirements for marketing)                      |
| Yes ___ No ___ N/A ___ | M. | ARM 6.6.3114 (standard format outline of coverage)                     |
| Yes ___ No ___ N/A ___ | N. | ARM 6.6.3115 (requirement to deliver shopper's guide)                  |
| Yes ___ No ___ N/A ___ | O. | ARM 6.6.3117 (standards for marketing)                                 |
| Yes ___ No ___ N/A ___ | P. | ARM 6.6.3118 (suitability)   |
| Yes ___ No ___ N/A ___ | Q. | ARM 6.6.3119 (contingent nonforfeiture benefits)                       |

- Yes \_\_\_ No \_\_\_ N/A \_\_\_ R. ARM 6.6.3121 (required disclosure of rating practices to consumer)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ S. ARM 6.6.3126 (prohibition against preexisting conditions and probationary periods in replacement policies or certificates)

Are the following requirements of the Montana Long-Term Care Insurance Act, as amended in 2007, met with respect to all policies (including certificates issued under a group insurance contract) intended to be covered under the Qualified Partnership Program that are issued on each of the policy forms identified in Section I.C above?

- Yes \_\_\_ No \_\_\_ N/A \_\_\_ A. Section 33-22-1108, MCA (preexisting conditions)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ B. Section 33-22-1111, MCA (outline of coverage)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ C. Section 33-22-1112, MCA (requirements for certificates under group plans)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ D. Section 33-22-1115, MCA (prior hospitalization)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ E. Section 33-22-1116, MCA (contingent nonforfeiture benefits)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ F. Section 33-22-1119, MCA (right to return)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ G. Section 33-22-1123, MCA (policy summary)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ H. Section 33-22-1123, MCA (monthly reports on accelerated death benefits)
- Yes \_\_\_ No \_\_\_ N/A \_\_\_ I. Section 33-22-1127, MCA (incontestability period)

In order for a policy to be covered under the Qualified Partnership Program of Montana, 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), use separate Issuer Certification Forms.

---

### 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and title of officer of the Issuer

\_\_\_\_\_  
Signature of officer of the Issuer