
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