

## ISSUER CERTIFICATION FORM

(Relating to Qualified State Long-Term Care Insurance Partnership)

Under Section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)), the state insurance commissioner of a state implementing a qualified state long-term care insurance partnership ("Qualified Partnership") may certify that long-term care insurance policies (including certificates issued under a group insurance contract) covered under the Qualified Partnership 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).

The model rule was adopted by the Montana State Auditor, Commissioner of Securities and Insurance (CSI), as an administrative rule at Administrative Rules of Montana (ARM) Title 6, Chapter 6, Subchapter 31, as amended in 2008 (Long-Term Care Insurance Rules). The model act has been enacted in Montana in Title 33, Chapter 22, Part 11, Montana Code Annotated (MCA), as amended in 2007 (Long-Term Care Act). Policies that are submitted for certification to the CSI must comply with the applicable provisions of those laws as amended on those dates.

In order to provide the CSI 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 Qualified Partnership Program of Montana. However, policies and certificates that are submitted must comply with all applicable Montana laws, not just those provisions that are identified on this form. Montana law requires that forms must be approved before use.

**By submitting this form, you are certifying that the information contained on the form is complete and accurate.**

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### I. GENERAL INFORMATION

**A. Name, address and telephone number of issuer:**

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

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**C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form:**

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Specimen copies of each of the above policy forms, including any riders and endorsements, must be provided with the submission of this form.



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**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?

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|------------------------|----|--|
| 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.

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### 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