



### Attachment B

#### ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership Policy)

Persuant to Section 1917 of the Social Security Act, the state of Nebraska has implemented a Long-Term Care Insurance Partnership Program. Under this program, a person receiving benefits under a qualified Long-Term Care Insurance Partnership Policy ("Partnership Policy") may be entitled to have assets equivalent to the benefits received disregarded for the purpose of determining Medicaid eligibility. Under section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)), the Nebraska Director of Insurance ("Director") may certify that long-term care insurance policy forms (including group certificate forms) meet certain consumer protection requirements necessary for a policy to qualify as a Partnership Policy. A policy form cannot be marketed as a Partnership Policy until the Director has issued a State Certification Form. 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 (referred to herein as the "2000 Model Regulation" and "2000 Model Act" respectively). In order to be a Partnership Policy in Nebraska, the policy must meet criteria set forth both under Nebraska laws and regulations and federal law.

In determining compliance with the consumer protection requirements applicable to Partnership Policies, the Director may rely upon a certification made on behalf of an insurance carrier that a policy form or forms meet all consumer protection requirements necessary to qualify as a Partnership Policy. A carrier wishing to have a long-term care insurance policy form certified by the Director as meeting the requirements for treatment as a Partnership Policy must fully and accurately complete this Issuer Certification Form. The certification must be made by an officer of the carrier having the authority to bind the insurance carrier and full contact information for the certifying officer must be provided. A copy of any State Certification Form issued by the Director in reliance upon this form will be provided to The Nebraska Department of Health and Human Services.

An insurance carrier may request certification of policy forms from time-to-time and, accordingly, may provide a new certification form, e.g., as it introduces new long-term care insurance policy forms for issuance.

**By submitting this form, you are certifying that the information contained on this form is complete and accurate. Any inaccuracies in the information you provide on this form may result in a withdrawal of any certification made by the Director in reliance on this form, retroactive correction of the policy form to conform to the information provided in the certification, disapproval of the policy form for use in Nebraska and administrative sanctions against the insurer on whose behalf the form is submitted. Therefore, it is essential that you carefully review the information set forth on this form for accuracy.**

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**I. GENERAL INFORMATION**

**A. Name, address and telephone number of insurance carrier:**

\_\_\_\_\_  
**Carrier Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone**

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

\_\_\_\_\_  
**Officer Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

**B. 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, shall be provided with this form if they have not previously been approved by the Director for use in Nebraska. Policy forms that have been previously approved by the Director for use in Nebraska shall be provided upon request.

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## II. QUESTIONS REGARDING APPLICABLE PROVISIONS OF THE MODEL REGULATION AND 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.

(1) 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 Partnership that are issued on each of the policy forms identified in section I.C above?

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 limitations 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 advertising).
Yes	No	N/A	N.	Section 23 (relating 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) 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 Partnership that are issued on each of the policy forms identified in section I.C above?

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).

In order for a policy to be covered under the Partnership Policy, the answers to all questions above should be "yes". If answers differ between policy forms, you should use separate Issuer Certification Forms for such policy 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 and that the policy forms identified in the Issuer Certification Form meet all of the consumer protection requirements pertaining to qualified Long-Term Care Partnership Policies for the State of Nebraska. I understand that false, inaccurate or incomplete information on this form or accompanying documents may result in disapproval of the listed policy forms for use in Nebraska and other administrative sanctions.

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Date

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Name and Title of Officer of the Insurance  
Carrier

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Signature of Officer of the Insurance Carrier