

STATE OF IDAHO
ISSUER CERTIFICATION FORM FOR THE
LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM

Pursuant to Section 1917 of the Social Security Act and Chapter 13, Title 56, Idaho Code, the State of Idaho 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. The Director of the Idaho Department of Insurance may certify that long-term care insurance policies (including certificates issued under a group insurance contract) meet certain consumer protection requirements necessary for a policy to qualify as a Partnership Policy. 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. The model rule has been adopted by the Idaho Department of Insurance as an administrative rule at IDAPA 18.01.60, and the model act has been enacted in Idaho as Chapter 46, Title 41, Idaho Code. The rule and statutes may be accessed through the Department’s website at: www.doi.idaho.gov.

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 or policies meet all consumer protection requirements necessary to qualify as a Partnership Policy. A carrier wishing to have a long-term care insurance policy 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 insurer having the authority to bind the insurer and full contact information for the certifying officer must be provided. A copy of any certification issued by the Director in reliance upon this form will be provided to the person identified as the contact at the end of this form.

By submitting this form, you are certifying that the information contained on the 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 to conform to the information provided in the certification, disapproval of the policy for use in Idaho 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.

I. GENERAL INFORMATION

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

B. Policy form(s) covered by this Issuer Certification Form:

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 filed with the Department for use in Idaho. Policy forms that have been previously filed with the Department for use in Idaho shall be provided upon request.

II. QUESTIONS REGARDING APPLICABLE PROVISIONS OF THE NAIC MODEL REGULATION AND MODEL ACT

Please answer each of the following questions below with respect to the policy forms identified in section I.B 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 provisions of the Long-Term Care Rule necessary to implement the provision. Unless otherwise indicated, all section references in part (1) are to sections of Idaho Department of Insurance Rule 18.01.60 (Long-Term Care Rule) and section references in part (2) are to Chapter 46, Title 41, Idaho Code (Long-Term Care Act).

(1) Do each of the policies identified in section I.B above (including certificates issued under a group insurance contract) comply with the following requirements of Idaho’s Long-Term Care Insurance Minimum Standards Rule (IDAPA 18.01.60)?

Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____
Yes _____ No _____ N/A _____

- A. Section 011.01 (relating to guaranteed renewal or noncancellability) other than paragraph 011.01.e thereof, and the requirements of Idaho Code Section 41-4605 (2) of the Long-Term Care Insurance Act relating to renewal and cancellation.
- B. Section 011.02 (relating to prohibitions on limitation and exclusions other than paragraph 011.02.g thereof).
- C. Section 011.03 (relating to extension of benefits).
- D. Section 011.04 (relating to continuation or conversion of coverage).
- E. Section 011.05 (relating to discontinuance and replacement of policies).
- F. Section 013 (relating to unintentional lapse).
- G. Section 014 (relating to disclosure), other than sections 006, 007, 008 and 009 thereof.
- H. Section 014.10 (relating to required disclosure of rating practices to consumer).
- I. Section 015 (relating to prohibitions against post-claims underwriting).
- J. Section 016 (relating to minimum standards).
- K. Section 018 (relating to application forms and replacement coverage).
- L. Section 019 (relating to reporting requirements).

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

- M. Section 026 filing requirements for advertising.
- N. Section 027 (relating to standards for marketing), including inaccurate completion of medical histories.
- O. Section 028 (relating to suitability).
- P. Section 029 (relating to prohibition against preexisting conditions and probationary periods in replacement policies or certificates).
- Q. The provisions of section 032 (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)).
- R. Section 035 (relating to standard format outline of coverage).
- S. Section 036 (relating to requirement to deliver shopper’s guide).

(2) Are the following requirements of Chapter 46 of Title 41 of the Idaho Code (Long-Term Care Insurance 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.B above?

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

Yes _____ No _____ N/A _____

- A. Idaho Code Section 41-4605(3) (relating to preexisting conditions).
- B. Idaho Code Section 41-4605(4) (relating to prior hospitalization).
- C. The provisions of Idaho Code Section 41-4607 (relating to contingent nonforfeiture benefits).
- D. Idaho Code Section 41-4605(6) (relating to right to return).
- E. Idaho Code Section 41-4605(7) (relating to outline of coverage).
- F. Idaho Code Section 41-4605(8) (relating to requirements for certificates under group plans).
- G. Idaho Code Section 41-4605(9) (relating to policy summary).
- H. Idaho Code Section 41-4605(10) (relating to monthly reports on accelerated death benefits).
- I. Idaho Code Section 41-4606 (relating to incontestability period).

In order for a policy to qualify as a Long-Term Care Insurance Partnership Program Policy, 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), you should use separate Issuer Certification Forms for such policies.

III. CERTIFICATION

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

Date

Signature

Contact Information:

Name of Certifying Officer: _____

Title of Certifying Officer: _____

Name of Company Contact
(If other than certifying officer) _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Mailing Address: _____