**STATE OF WASHINGTON**

**LONG-TERM CARE PARTNERSHIP POLICY CERTIFICATION FORM**

**I. DIRECTIONS**

This certification must be completed and submitted with each long-term care policy or certificate that is intended to qualify under the Washington State Long-Term Care Insurance Partnership Program. The certification must be signed by an officer of the issuer with authority to bind the issuer. A separate certification must be completed for each policy or certificate.

An issuer may request certification of a policy or certificate which has been previously approved by the Office of the Insurance Commissioner, or request certification of a new policy or certificate. No long-term care policy or certificate may be issued in the state of Washington as a Partnership Policy or certificate unless and until this Certification has been submitted to the Office of the Insurance Commissioner and the policy or certificate has been approved.

**II. Certification PROCESS**

Pursuant to Section 1917 of the Social Security Act and chapter 48.85 RCW, the State of Washington 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 under the Partnership Policy disregarded for the purpose of determining Medicaid Eligibility

The Washington State Insurance Commissioner may certify that long-term care insurance policies (including certificates issued under a group insurance contract) meet certain consumer protection requirements required of Partnership Policies. These requirements are set forth in Section 1917 (b) (5) (A) of the Social Security Act (42 U.S.C. 1396 (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 (NAIC). Applicable sections of the Model Act may be found in chapter 48.83 RCW and applicable sections of the Model Regulation may be found in chapter 284-83 WAC.

To determine compliance with the consumer protection requirements applicable to Partnership Policies, the Commissioner may rely upon a certification made on behalf of an issuer that a policy or certificate meets all such necessary requirements. An issuer wishing to have a long-term care insurance policy certified by the Commissioner as meeting the requirements for treatment as a Partnership Policy must fully and accurately complete this Policy Certification Form. The certification must be made by an officer of the issuer having the authority to bind the issuer and full contact information for the certifying officer must be provided. A copy of any certification issued by the Commissioner in reliance upon this form will be provided to the person identified as the issuer contact as listed in this form.

**By submitting this form, you are certifying that the information contained herein 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 Commissioner in reliance on this form, retroactive correction of the policy to conform to certification requirements, disapproval of the policy for use in Washington and administrative sanctions against the issuer on whose behalf the form is submitted. Therefore, it is essential that you carefully review the information set forth on this form for accuracy.**

**III. GENERAL INFORMATION**

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| --- |
| Name of Issuer |
| Address | City  | State  | Zip Code |
| Telephone Number | Issuer NAIC Number |
| Issuer Employee Contact for Information Regarding this Form | Telephone Number |
| Address | City | State | Zip Code |
| Email Address |
| Policy or Certificate Form Number | Prior Approval Date (If Applicable) |

**IV. Applicable Provisions of the Model Regulation and Model Act**

Please answer each of the questions below with respect to the policy form identified in Section III above. For purposes of answering the questions below, any provision of the NAIC Model Regulation or NAIC Model Act, as adopted by the State of Washington and listed below, shall be treated as including any other provision of the Model Regulation or Model Act necessary to implement the provision. Unless otherwise indicated, all citations in Part A are to chapter 284-83 WAC, while all citations in Part B are to chapter 48.83 RCW.

1. **Are the following requirements of Washington Administrative Code met with respect to the policy or certificate intended to be covered under the Qualified Partnership Program as listed in Section III above?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Provision** | Yes | No | N/A |
| 1. | WAC 284-83-020 (1) (Guaranteed Renewal and Noncancellability), other than Section (e)  |  |  |  |
| 2. | WAC 284-83-020 (2) (Limitations and Exclusions), other than subsection (f)  |  |  |  |
| 3. | WAC 284-83-020 (3) (Extension of Benefits) |  |  |  |
| 4. | WAC 284-83-020 (4) (Continuation or Conversion of Coverage) |  |  |  |
| 5. | WAC 284-83-020 (5) (Discontinuance and Replacement of Policies) |  |  |  |
| 6. | WAC 284-83-025 (Unintentional Lapse) |  |  |  |
| 7. | WAC 284-83-030 (Required Disclosure Provisions), other than subsections (6), (7), (8) and (9). |  |  |  |
| 8. | WAC 284-83-035 (Required Disclosure of Rating Practices to Consumers) |  |  |  |
| 9. | WAC 284-83-045 (Prohibition Against Post-Claims Underwriting) |  |  |  |
| 10. | WAC 284-83-050 (Minimum Standards) |  |  |  |
| 11. | WAC 284-83-060 (Application Forms and Replacement Coverage) |  |  |  |
| 12. | WAC 284-83-070 (Reporting Requirements) |  |  |  |
| 13. | WAC 284-83-100 (Filing Requirements for Advertising) |  |  |  |
| 14. | WAC 284-83-105 (Standards for Marketing), including inaccurate completion of medical histories, other than subsections (3)(a), (3)(f), and (3)(i). |  |  |  |
| 15. | WAC 284-83-110 (Suitability) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Provision** | **Yes** | **No** | **N/A** |
| 16. | WAC 284-83-115 (Prohibition Against Preexisting Conditions and Probationary Periods in Replacement Policies or Certificates) |  |  |  |
| 17. | The provisions of WAC 284-83-130 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.  |  |  |  |
| 18. | WAC 284-83-145 (Standard Format Outline of Coverage) |  |  |  |
| 19. | WAC 284-83-150 (Requirement to Deliver Shopper’s Guide) |  |  |  |
| 20. | WAC 284-83-350 (Certificates Issued Under Group Plan) |  |  |  |

1. **Are the following requirements of the Revised Code of Washington met with respect to the policy or certificate intended to be covered under the Qualified Partnership Program as listed in Section III above?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Provision** | **Yes** | **No**  | **N/A** |
| 1. | RCW 48.83.040 (Preexisting Conditions) |  |  |  |
| 2. | RCW 48.83.050 (4), (5), (6), (7), (8) (Prior Hospitalization) |  |  |  |
| 3. | The provisions of RCW 48.83.120 relating to Contingent Nonforfeiture Benefits |  |  |  |
| 4. | RCW 48.83.060 (Right to Return) |  |  |  |
| 5. | RCW 48.83.070 (1) (Outline of Coverage) |  |  |  |
| 6. | RCW 48.21.080 (Certificates Under Group Plans) |  |  |  |
| 7. | RCW 48.83.070 (2) (Policy Summary) |  |  |  |
| 8. | RCW 48.83.080 (Monthly Report on Accelerated Death Benefit) |  |  |  |
| 9. | RCW 48.83.100 (Incontestability Period) |  |  |  |

**In order for a policy to be approved under the Washington State Long-Term Care Partnership Program, the answers to all questions above should be “Yes” (or “N/A” where all requirements with respect to a provision above are not applicable).**

**V. Inflation Protection**

Does the policy or certificate listed in Section III (including certificates issued under a group insurance contract) comply with the Partnership Program inflation protection requirements set forth in WAC 284-83-410(1)

\_\_\_\_Yes \_\_\_\_No

**VI**. **Certification**

I hereby certify that the answers, accompanying documents, and other information set forth herein for certification of the listed policy form is, to the best of my knowledge and belief, true, correct and complete and that the policy identified in this form meets all of the consumer protection standards required of qualified Long-Term Care Insurance Partnership Policies issued in the state of Washington. I understand that false, inaccurate or incomplete information on this form or accompanying documents may result in disapproval of listed policies and other administrative sanctions.

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| --- | --- |
| Printed Name of Officer of Issuer | Title |
| Signature | Date |