

Department of Consumer & Business Services

Oregon Insurance Division – 5

P.O. Box 14480

Salem, Oregon 97309-0405

Phone (503) 947-7983

**LONG TERM CARE PARTNERSHIP CERTIFICATION FORM
INDIVIDUAL AND GROUP**

**COMPLETE THIS CHECKLIST ONLY IF FILING A PRIOR-APPROVED FORM AS A QUALIFIED
PARTNERSHIP POLICY AND SUBMIT ALONG WITH CHECKLIST #440-2451(7/08)**

This certification form must be submitted with your filing, in compliance with OAR 836-010-0011(2). Review of each statute or rule referenced in the checklist is recommended. Complete each item to confirm that diligent consideration has been given to each and is certified by the signature on the certificate of compliance form. Any line left blank will cause this filing to be considered incomplete. Not including required information or policy provisions might result in disapproval of the filing. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

Insurer Name: _____

NAIC Number: _____

Submission Date: _____

Policy form number for policy covered by this certification form: _____

Prior Approval Date: _____

Include copy of perforated approved form with this submission or SERFF tracking number from filing previously approved.

Please confirm that the following requirements related to qualified partnership policies are met. Insert page and paragraph where indicated below if requirements are satisfied within the contract.

COMPLETE THE FOLLOWING FOR ALL LONG-TERM CARE FILINGS			
YES	Page/Paragraph Location	NO	REQUIREMENT
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0526(2) relating to prohibitions on limitations and exclusions.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0526(3) relating to extension of benefits.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0536 relating to unintentional lapse.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0546(1)(2)(3)(4) & (5) relating to disclosure.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0556 relating to required disclosure of rating practices to consumer.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0576 relating to prohibitions against post-claim underwriting.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0586 relating to minimum standards.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0626 relating to application forms and replacement coverage.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0636 relating to reporting requirements.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0696 relating to filing requirements for marketing.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0706 relating to standards for marketing, including inaccurate completion of medical histories.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0736 relating to prohibition against preexisting conditions and probationary periods in replacement policies or certificates.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0738 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.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0776 relating to outline of coverage and shopper's guide.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0786 relating to shopper's guide
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.655(3) relating to pre-existing conditions.
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.655(4) relating to prior hospitalization.
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.664(1)(2), OAR 836-052-0746 relating to contingent nonforfeiture benefits.
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.655(6) relating to right to return.
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.655(7) relating to outline of coverage.
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.662 relating to incontestability period.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0726 relating to suitability. (Does not apply to life insurance policies that accelerate benefits for long-term care.)

COMPLETE THE FOLLOWING ITEMS ONLY IF FILING A GROUP POLICY			
YES	Page/Paragraph Location	NO	REQUIREMENT
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0526(4) relating to continuation or conversion of coverage.
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0526(5) relating to discontinuance and replacement of policies.
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.655(8) relating to requirements for certificates under group plans
COMPLETE THE FOLLOWING ITEM ONLY IF FILING AN INDIVIDUAL POLICY			
YES	Page/Paragraph Location	NO	REQUIREMENT
<input type="checkbox"/>		<input type="checkbox"/>	OAR 836-052-0526(1) relating to guaranteed renewal or noncancellability
COMPLETE THE FOLLOWING ITEMS ONLY IF PROVIDING LONG-TERM CARE COVERAGE THROUGH A LIFE INSURANCE POLICY			
YES	Page/Paragraph Location	NO	REQUIREMENT
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.655(10) relating to policy summary.
<input type="checkbox"/>		<input type="checkbox"/>	ORS 743.655(11) relating to monthly reports on accelerated death benefits