

Issuer Certification Form
(Relating to Wisconsin-Qualified
State Long-Term Care Insurance
Partnership Program)

State of Wisconsin
Office of the Commissioner of
Insurance P. O. Box 7873
Madison, WI 53707-7873
(608) 266-3585

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 program ("Partnership Program") may certify that long-term care insurance policies (including certificates issued under a group insurance contract) covered under the Partnership Program 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).

In order to provide each state insurance commissioner 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 Wisconsin's Partnership Program.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, e.g., as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

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:

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

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. QUESTIONS REGARDING APPLICABLE PROVISIONS OF THE 2000 MODEL REGULATION AND 2000 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.

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 Qualified Partnership Plan 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 marketing). |
| 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).

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 Qualified Partnership Plan 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 Qualified Partnership Plan of the State, 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 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