

**ISSUER CERTIFICATION FORM
LONG-TERM CARE PARTNERSHIP PROGRAM**

Part 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:

Part II. QUESTIONS REGARDING APPLICABLE PROVISIONS OF THE 2000 NAIC 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.

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

- | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | 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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | B. Section 6B (relating to prohibitions on limitations and exclusions) other than paragraph (7) thereof. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | C. Section 6C (relating to extension of benefits). |
| Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | D. Section 6D (relating to continuation or conversion of coverage). |
| Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | E. Section 6E (relating to discontinuance and replacement of policies). |
| Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | F. Section 7 (relating to unintentional lapse). |
| Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | 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 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).

Part III. INFLATION PROTECTIONS

Yes No Does the policy identified in Part I above contain the inflation protections of the West Virginia Long-Term Care Insurance Partnership Program described in Informational Letter 182 (June 2012)?

Part IV. CERTIFICATIONS:

In order for a policy to be covered under the Qualified Partnership of West Virginia, the answers to all questions above in Parts II and III 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.

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