

Figure: 28 TAC §3.3874(b)(6)(A)

**Long-Term Care Partnership Agent Training Certification
Initial Reporting Form
To be submitted to the Department by June 30, 2009**

Company Name _____

NAIC ID Number _____

Date Report Submitted _____

TDI ID Number _____

I hereby certify that:

Each individual who currently sells a long-term care benefit plan for (company name) under the Long-Term Care Partnership Program has completed training and demonstrated evidence of understanding long-term care partnership policies and how they relate to other public and private coverage of long-term care policies.

Signature: _____

Name: _____

Title: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ EXT _____

E-mail Address: _____

Form Number LHL571(LTC)