

Figure: 28 TAC §3.3837(b)

**RESCISSION REPORTING FORM FOR
LONG-TERM CARE POLICIES**

FOR THE STATE OF TEXAS

FOR THE REPORTING YEAR _____

Due: No later than June 30 annually for the preceding calendar year

Company Name: _____

Address: _____

Phone Number _____

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates for the preceding calendar year. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission

Detailed reason for rescission: _____

Signature

Name and Title (please print)

Date