

Figure: 28 TAC §3.3837(f)

**LONG-TERM CARE SUITABILITY REPORTING FORM
FOR THE REPORTING YEAR _____**

FOR THE STATE OF TEXAS

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

Company Name: _____

NAIC ID Number: _____

TDI ID Number: _____

Suitability Data for Partnership Policies

Long-term Care Partnership Policies	Total Number of Applications Received	Total Number of Applicants Who Declined to Provide Personal Worksheet Information	Total Number of Applicants Who Did Not Meet Suitability Standards	Total Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter
Comprehensive (institutional and community care)				
Nursing Home (institutional only)				

Suitability Data for Non-Partnership Policies

Long-term Care Non- Partnership Policies	Total Number of Applications Received	Total Number of Applicants Who Declined to Provide Personal Worksheet Information	Total of Applicants Who Did Not Meet Suitability Standards	Total Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter
Comprehensive (institutional and community care)				
Nursing Home (institutional only)				

Home Health Care (community-based services)				
Riders (attached to life policies, annuity contracts)				

Signature:

Name:

Title:

Address:

City/State/Zip Code:

Phone Number:

_____ EXT _____

E-mail Address:

Form Number LHL566(LTC)