APPENDIX H

Suitability Reporting Form
Long-Term Care Insurance

For the State of _________________________ For the Reporting Year of ________________
Due: June 30 annually

Company Name: ____________________________________________
Company Address: ____________________________________________________________________
____________________________________________________________________________________

Company NAIC Number: ______________
Contact Person: _______________________________________ Phone Number: (____)___________

Instructions
The purpose of this form is to report all long-term care activity related to the total number of applications
received from residents of this state, the number of those who declined to provide information on the
personal worksheet, the number of applicants who did not meet the suitability standards, and the number
of applicants who chose to confirm after receiving a suitability letter.

1. Total Number of Applications Received from Residents of ________

2. Number of Applicants Who Declined to Provide Information on the Personal Worksheet

3. Number of Applicants Who Did Not Meet the Suitability Standards

4. Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter