

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 _____