



**North Carolina Department of Insurance
Financial Analysis & Receivership Division
Special Entities Section**

**Application for
Continuing Care Retirement Community License
(Step #4 – Permanent License)**

**Submit to: SpecialEntitiesSubmissions@ncdoi.gov
To the Commissioner of Insurance of the State of North Carolina:**

In accordance with Chapter 58 Article 64 of the North Carolina General Statutes,

Name of Applicant

hereby makes application to the Commissioner of Insurance of the State of North Carolina for a Permanent Continuing Care Retirement Community License for the facility (to be) known as:

Name of Facility

And located at:

Address

City

County

It is understood that the licensing process in North Carolina involves a series of steps, and only upon the completion of all the steps, will a permanent license be issued. It is further understood that the application submitted herewith is for a Permanent License, which, upon issuance, gives the applicant the authority to open the continuing care retirement community and to provide continuing care as defined by N.C.G.S. § 58-64-1(1).

PART I – GENERAL INTERROGATORIES

a) Applicant Information:

Legal Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Website: _____

Federal Tax Identification Number: _____ Tax - Status: For-Profit Not-For Profit

Type of Legal Entity: _____ Fiscal Year-End (MM/DD): _____

Name of Chief Executive Officer or Equivalent: _____

b) Person to whom all correspondence and inquiries pertaining to this application are to be directed:

Name: _____

Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

c) Facility Information:

Name of Facility: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Website: _____

Toll-Free Number: _____

Name of Executive Director or Administrator: _____

d) Answer the following:

1. Have all applicable licensure or certification requirements imposed by the North Carolina Department of Health and Human Services for the facility been met? If no, submit an exhibit that describes the nature of the deficiency.

Yes No

2. Have all other applicable licensure or certification requirements been met? If no, submit an exhibit that describes the nature of the deficiency.

Yes No

3. Is the applicant in compliance with all other state, federal, and municipal laws and regulations? If no, submit an exhibit that describes the nature of the noncompliance.

Yes No

PART II - EXHIBITS

All exhibits listed below must be submitted. If the exhibit(s) are not applicable or available, submit an explanation in place of the required exhibit(s) stating the reason(s) why they are not available or applicable.

Submit the following exhibits:

- Exhibit I - A description of any material change to any information provided with any previous application (Start-Up Certificate Application or Preliminary Certificate Application) which has not yet been submitted to the North Carolina Department of Insurance. Please include appropriate documentation.
- Examples of material changes include, but are not limited to, changes in corporate status, ownership interest, and management. Any questions regarding what is or what is not material should be referred to the Special Entities Section, Financial Analysis & Receivership Division of the North Carolina Department of Insurance.*
- Exhibit II - An updated disclosure statement.
- Exhibit III - Documentation confirming that there are currently an adequate number of signed agreements for new units required by the continuing care facility to break-even, reserved by a deposit equal to at least 10 percent of the entrance fee or by a non-refundable deposit equal to the periodic fee for at least two months for facilities that have no entrance fee.
- Break-even, as defined by 11 NCAC 11H.0001, means confirmation of sufficient executed resident's agreements to assure the facility's financial stability and which further indicate that projected revenues will at least be equal to projected expenses.*
- Exhibit IV - A statement concerning any litigation, orders, judgments, or decrees which might affect the applicant or the facility.
- Exhibit V - Evidence that the applicant has in place the operating reserve required by G.S.§58-64-33.
- Exhibit VI - A copy of all licenses obtained by the applicant from the North Carolina Department of Health and Human Services, or a list of licenses for which the applicant has applied.
- Exhibit VII - A summary of the report of an actuary estimating the capacity of the applicant to meet its contractual obligation to the residents.
- Exhibit VIII - Attach a statement indicating whether or not the facility or any component thereof is eligible for Medicare and/or Medicaid.

PART III - ATTESTION OF APPLICANT

Under penalties of perjury, I attest that I have reviewed this application and accompanying information, and to the best of my knowledge and belief it is true, correct and complete. I on behalf of

(Name of Applicant(s))

hereby accept in good faith the terms and obligations of the Insurance Laws of the State of North Carolina, presently existing, or enacted in the future, as a part of the consideration for a Permanent Continuing Care Retirement Community License, and that said Applicant has neither directly nor indirectly violated any of the provisions of the said Insurance Laws and of all acts amendatory or supplementary thereto. It is also understood that said License may be revoked as provided for in said laws.

It is further agreed that the Applicant will keep the North Carolina Department of Insurance informed of any material changes regarding the applicant, the continuing care retirement community, or to any of the information contained within this application.

I as a duly authorized officer, principal, general partner, or trustee, am authorized to make and sign this statement on behalf of the Applicant.

Date: _____

Signature: _____

Name (type or print): _____

Title: _____

*** General Instructions ***

Application for Continuing Care Retirement Community License (Step #4 – Permanent Continuing Care Retirement Community License)

I. Governing Law and Rules:

Continuing care providers in North Carolina are regulated pursuant to Chapter 58, Article 64 of the North Carolina General Statutes, and Title 11, Subchapter 11H of the North Carolina Administrative Code.

II. General:

- A. Please complete the application in its entirety. Each question must be answered or contain a “N/A”, “none” or “not applicable” where appropriate. Applications containing unanswered questions will be considered incomplete.
- B. If the space provided on the application is insufficient for a full and complete response to any question, and additional space is necessary, a separate page, cross-referenced to the specific item or question asked may be submitted with the application.

III. Processing and Review:

- A. The completed application is to be submitted to:

SpecialEntitiesSubmissions@ncdoi.gov

- B. Questions or inquiries are to be directed to:

*North Carolina Department of Insurance
Financial Analysis & Receivership Division
Special Entities Section
1203 Mail Service Center
Raleigh, NC 27699-1203
(919) 807-6178 or (919) 807-6612
SpecialEntitiesSubmissions@ncdoi.gov*

- C. Within 10 business days following the receipt of an application in proper form, the Department shall issue a “Notice of Filing” to the applicant.

- D. Within 90 days of the “Notice of Filing”, the Department shall either approve the application and consider the application complete and having met the requirements of N.C.G.S. §58-64, or notify the applicant that its application is incomplete or inadequate.
1. An application shall be considered having met the requirements of N.C.G.S. §58-64 if:
 - a. The application is complete;
 - b. The applicant has demonstrated to the Department that there are currently an adequate number of signed agreements for new units required by the continuing care facility to break-even, reserved by a deposit equal to at least 10 percent of the entrance fee or by a non-refundable deposit equal to the periodic fee for at least two months for facilities that have no entrance fee.
 - c. The applicant is not in violation of any applicable provisions of Chapter 58 of the North Carolina General Statutes.
 2. If the application is determined by the Department to not meet the requirements of N.C.G.S. §58-64, the Department shall identify the deficiencies in the application, and shall give the applicant 30 days within which to correct the deficiencies.
 - a. If the deficiencies are not corrected within the time allowed, the Department may enter an order rejecting the application. The order shall include the findings of fact upon which the order is based, and will not become effective until 20 days after the end of the 30-day period.
 - b. During the 20-day period, the applicant may petition for reconsideration and will be entitled to a hearing.

IV. Acquisitions and Mergers:

In accordance with N.C.G.S. §58-64-15, Start-Up Certificates, Preliminary Certificates, and Permanent Licenses are non-transferable. In the event of a proposed acquisition, merger, or change in control, the provider is to contact the North Carolina Department of Insurance for further instructions.

V. Required Report Filings:

- A. After the issuance of a Permanent Continuing Care Retirement Community License, a provider must submit the following within 150 days following the end of each fiscal year:
1. A revised disclosure statement setting forth current information required by N.C.G.S. §58-64-20.
 - a. Where a provider owns or operates more than one facility, a consolidated financial statement is acceptable for the entire corporate entity in order to meet the requirements of N.C.G.S. § 58-64-20(a)(10), provided a separate balance sheet, statement of operations, and statement of changes in cash flow is submitted for each facility operated in North Carolina.

- b. If a provider owns or operates more than one facility in the State of North Carolina and files separate audited financial statements for each facility, a consolidated financial statement must also be submitted for the entire corporate entity in order to meet the requirements of N.C.G.S. § 58-64-20(a)(10).
- 2. An annual filing fee of \$1000.00.
- B. As deemed necessary by the Department, a provider may be required to submit periodic sales, occupancy and/or financial reports, not less than quarterly, in a form prescribed by the Department.
- C. Failure to file any required report, in an acceptable form and by the applicable due date, could result in an administrative fine or such other action(s) as deemed appropriate by the Department.