



# North Carolina Department of Insurance

Financial Analysis & Receivership Division  
Special Entities Section  
1203 Mail Service Center  
Raleigh, NC 27699-1203

## Application for Continuing Care Services Without Lodging License (CCSWL)

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**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 Continuing Care Services Without Lodging license for the facility known as:

.....  
Name of Facility

**Send filings to: [SpecialEntitiesSubmissions@ncdoi.gov](mailto:SpecialEntitiesSubmissions@ncdoi.gov)**

## PART I – GENERAL INTERROGATORIES

### 1. Applicant Information:

Legal Name of Applicant: \_\_\_\_\_

### 2. 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: \_\_\_\_\_

### 3. Facility Information:

Name of Facility: \_\_\_\_\_

### 4. Number of (proposed) Continuing Care Services Without Lodging (CCSWL) Subscribers: \_\_\_\_\_

### 5. What type of CCSWL contract and fee structure will be offered?:

Type A (Life Care)

Type B (Modified)

Type C (Fee for Service)

Entrance Fee Refundable

Entrance Fee Non-Refundable

### 6. Does the applicant intend to employ an outside licensed home care agency to offer Home Care Services?

If yes, please provide the following information:

Name of Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Toll-Free #: \_\_\_\_\_ Website: \_\_\_\_\_

## **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 - An amended disclosure statement containing a description of the proposed continuing care services that will be provided without lodging, including the target market, the types of services to be provided, and the fees to be charged.**
- Exhibit II - A copy of the written service agreement, which must contain those provisions as prescribed in G.S. 58-64-25(b).**
- Exhibit III - A summary of an actuarial report that presents the impact of providing continuing care services without lodging on the overall operation of the continuing care retirement community.**
- Exhibit IV - A financial feasibility study prepared by a certified public accountant that shows the financial impact of providing continuing care services without lodging on the applicant and continuing care retirement facility or facilities. The financial feasibility study shall include a statement of activities reporting the revenue and expense details for providing continuing care services without lodging, as well as any impact the provision of these services will have on the operating reserve.**
- Exhibit V - Evidence of the license required under Part 3 of Article 6 of Chapter 131E of the General Statutes to provide home care services, or a contract with a licensed home care agency for the provision of home care services to the individuals under the continuing care services without lodging program.**

**PART III - ATTESTATION OF APPLICANT**

Under the 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)

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 Continuing Care Services Without Lodging 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, the proposed continuing care services without lodging program, 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 Services Without Lodging License**

- I. Governing Law: Continuing care providers in North Carolina are regulated pursuant to Chapter 58, Article 64 of the North Carolina General Statutes, which includes:
- § 58-64-7. Continuing care services without lodging.
- (a) A provider of continuing care who has obtained a license pursuant to this Article and desires to provide or arrange for continuing care services, including home care services, to an individual who has entered into a continuing care contract with the provider but is not yet receiving lodging must submit the following to the Commissioner:
- (1) An application to offer continuing care services without providing lodging.
  - (2) An amended disclosure statement containing a description of the proposed continuing care services that will be provided without lodging, including the target market, the types of services to be provided, and the fees to be charged.
  - (3) A copy of the written service agreement, which must contain those provisions as prescribed in G.S. 58-64-25(b).
  - (4) A summary of an actuarial report that presents the impact of providing continuing care services without lodging on the overall operation of the continuing care retirement community.
  - (5) A financial feasibility study prepared by a certified public accountant that shows the financial impact of providing continuing care services without lodging on the applicant and the continuing care retirement facility or facilities. The financial feasibility study shall include a statement of activities reporting the revenue and expense details for providing continuing care services without lodging, as well as any impact the provision of these services will have on operating reserves.
  - (6) Evidence of the license required under Part 3 of Article 6 of Chapter 131E of the General Statutes to provide home care services, or a contract with a licensed home care agency for the provision of home care services to the individuals under the continuing care services without lodging program.
- (b) A provider issued a start-up certificate for the provision of continuing care services without lodging must enter into binding written service agreements with subscribers to provide continuing care services without lodging.
- (c) When providing the financial statements and five-year forecasts required by G.S. 58-64-20, a provider offering continuing care services without lodging must account for the related revenue and expenses generated from the provision of these services separate from the facility's on-site operation. (2010-128, s. 4.)
- 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 shall be submitted to: [SpecialEntitiesSubmissions@ncdoi.gov](mailto:SpecialEntitiesSubmissions@ncdoi.gov)
  - B. Questions or inquiries shall 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](mailto:SpecialEntitiesSubmissions@ncdoi.gov)
  - C. The Department shall issue a "Notice of Filing" to the applicant within 10 business days following receipt of the application.
  - D. Within 60 days of the "Notice of Filing", the Department shall either approve the application, or notify the applicant of any deficiencies in the application. The applicant shall have 30 days to correct the deficiencies and resubmit the application.
  - E. The application shall either be considered having met the requirements and the license shall be issued, or it shall be rejected for not meeting the requirements.