SUITABILITY FORM FOR

LONG-TERM CARE POLICIES

FOR THE **State of North Carolina**

FOR THE REPORTING YEAR

Company Name: (Name of Underwriting Company)**:**

Address:

NAIC #

 ***Instructions:*** *According to Title 11 NCAC 12.1025(d), please provide suitability information on long-term care insurance policies or certificates.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Number of** **Applications Received**  | **Number of applicants who declined to provide information initially**  | **Number of Applicants who did not meet the suitability standards**  | **Number of Applicants who chose to confirm after receiving suitability letter**  |
| **(****)**  | **(****)**  | **(****)**  | **(****)**  |

*Reporting on behalf of the company named above.*

**Name of Filer:**

**Name of Insurance Company:**

**Title of Filer:**

**Telephone Number of Filer:**

**E-mail Address of Filer:**

**Date:**