



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

BULLETIN 09-13 (REVISED AND REISSUED)

**TO: ALL HEALTH AND LIFE INSURANCE ISSUERS AND PRODUCERS
TRANSACTIONING LONG-TERM CARE BUSINESS IN THE STATE OF
LOUISIANA**

FROM: JAMES J. DONELON, COMMISSIONER OF INSURANCE

**RE: IMPLEMENTATION OF THE LOUISIANA LONG-TERM CARE
PARTNERSHIP PROGRAM IN LOUISIANA**

DATE: FEBRUARY 21, 2022

Bulletin 09-13, originally issued December 28, 2009, is being revised and reissued for the purpose of updating the reference to the "Louisiana Department of Health" in place of all references contained in the original document to the "Louisiana Department of Health and Hospitals."

The purpose of Bulletin 09-13, as originally issued, was to provide guidance regarding the implementation of the Louisiana Long-Term Care Insurance Partnership Program ("Partnership Program").

Background and Purpose

The Partnership Program operates under the direction of the Louisiana Department of Health ("LDH") in consultation with the Louisiana Department of Insurance ("LDI"), and Bulletin No. 09-13 is a collaboration of and is jointly issued by both departments. Federal enabling legislation pertaining to the Partnership Program is set forth in the Deficit Reduction Act of 2005, Pub. L. 109-171 ("DRA"), and implementing procedures are described in guidance issued by the Centers for Medicare and Medicaid Services ("CMS"). See State Medicaid Director's Letter (SMDL #06-019) dated July 27, 2006, issued by CMS.

Under the Partnership Program, individuals who purchase long-term care insurance policies that meet certain requirements specified by the DRA ("Partnership Policy(ies)") can apply for Medicaid under special rules for determining financial eligibility and estate recoveries. In the case of group insurance, each certificate that meets the DRA's requirements constitutes a Partnership Policy. These special rules generally allow the individual to protect assets equal to the insurance benefits received from a Partnership Policy so that such assets will not be taken into account in determining financial eligibility for Medicaid and will not subsequently be subject to Medicaid liens and recoveries.

The Partnership Program became effective October 1, 2009.

A. Asset Protection Provided.

Under the Partnership Program, the asset eligibility, adjustment, and recovery provisions of the Louisiana Medicaid Plan are applied by disregarding an amount of assets, above and beyond the asset disregard or allowance otherwise provided under the Medicaid Plan, equal to the amount of insurance benefits received from a Partnership Policy. This disregard of assets is referred to hereinafter as “the Asset Disregard.”

The Asset Disregard applies to all insurance benefits received from a Partnership Policy. Thus, for example, the Asset Disregard applies to insurance benefits paid on a reimbursement, cash benefit basis, indemnity insurance basis, or on a “per diem or other periodic basis without regard to the expenses incurred during the period to which the payments relate” (within the meaning of section 7702B(b)(2)(A) of the Internal Revenue Code of 1986 (26 U.S.C. 7702B(b)(2)(A))). Similarly, the Asset Disregard applies to all insurance benefits received from a Partnership Policy regardless of whether such insurance benefits are in respect of costs for long-term care that would not be covered by Medicaid. The Asset Disregard as of any date equals the insurance benefits that have been received to that date from a Partnership Policy, even if additional insurance benefits may be received in the future from such Partnership Policy.

If a policy is received after the effective date of the Partnership Program in exchange for a policy issued before such date and the new policy qualifies as a Partnership Policy, the Asset Disregard will apply only with respect to insurance benefits received under such new Partnership Policy and thus will not include insurance benefits, if any, received under the predecessor policy.

Partnership Policies that cover more than one insured are treated as separate Partnership Policies, each of which covers a single insured. With respect to each such insured, the Asset Disregard equals the insurance benefits received from the Partnership Policy on account of such insured having become a chronically ill individual (within the meaning of section 7702B(c)(2) of the Internal Revenue Code of 1986 (26 U.S.C. 7702B(c)(2))).

The Asset Disregard does not include return of premium payments made upon the termination of a Partnership Policy because of cancellation or death since such payments do not represent insurance benefits.

Eligibility for benefits under Medicaid is subject to other eligibility requirements, such as applicable income limitations and home equity limitations.

B. Partnership Policies.

A Partnership Policy is a long-term care insurance policy (including a certificate issued under a group insurance contract) that satisfies all of the following requirements:

1. Qualified under federal tax law.

The policy must be a qualified long-term care insurance contract as defined in section 7702B(b) of the Internal Revenue Code of 1986 (26 U.S.C. 7702B(b)). Thus, a qualified long-term care insurance contract that provides insurance benefits on a reimbursement, cash benefit basis, indemnity insurance basis, or on a "per diem or other periodic basis without regard to the expenses incurred during the period to which the payments relate," within the meaning of section 7702B(b)(2)(A) of the Internal Revenue Code of 1986 (26 U.S.C. 7702B(b)(2)(A)), will be a Partnership Policy if it satisfies the DRA's other requirements applicable to Partnership Policies, as described herein. Similarly, a long-term care insurance rider or other provision of an insurance contract (such as a rider to a life insurance contract or, after December 31, 2009, a rider to an annuity contract) that constitutes a qualified long-term care insurance contract under section 7702B(e) of the Internal Revenue Code of 1986 (26 U.S.C. 7702B(e)) will be a Partnership Policy if it satisfies the DRA's other requirements applicable to Partnership Policies, as described herein.

2. Issue date.

The policy must not be issued earlier than the effective date of the Partnership Program. The issue date is the effective date of coverage under the policy. Thus, for example, in the case of a certificate issued under a group insurance contract, the effective date of coverage with respect to such certificate is the issue date of the certificate.

A policy received in an exchange after the effective date of the Partnership Program is treated as newly issued and thus is eligible for Partnership Policy status. For purposes of applying the Medicaid rules relating to the Partnership Program, the addition of a rider, endorsement, or change in schedule page for a policy may be treated as giving rise to an exchange.

3. State of residence.

The policy must cover an insured who was a resident of the state when coverage first became effective under the policy. In the case of an exchange, this requirement shall be applied based on the coverage of the first long-term care insurance policy that was exchanged.

A certificate covering an insured who is a resident of Louisiana may qualify as a Partnership Policy even if the situs of the group insurance contract under which such certificate is issued is in another state.

4. Consumer protection requirements.

The Federal consumer protection requirements of section 1917(b)(1)(C)(iii)(III) of the Social Security Act (42 U.S.C. 1396p(b)(1)(C)(iii)(III)) must be met with respect to the policy. (See *also* the certification process with respect to this requirement described in C below).

5. Inflation protection.

With respect to inflation protection, if the policy is sold to an individual who:

- (a) has not attained age 61 as of the date of purchase, the policy must provide compound annual inflation protection;
- (b) has attained age 61 but has not attained age 76 as of the date of purchase, the policy must provide some level of inflation protection; and
- (c) has attained age 76 as of the date of purchase, the policy may (but is not required to) provide some level of inflation protection.

In each of these three situations, no particular rate for inflation protection is required. Thus, inflation protection increases include but are not limited to increases at a rate less than five percent or at a rate determined by an index-based formula.

For purposes of applying this inflation requirement, the date of purchase means the effective date of coverage under the policy. Thus, for example, the date of purchase of a certificate issued under a group insurance contract means the effective date of coverage under such certificate. In the case of an exchange, the date of purchase is the effective date of coverage under the new policy, i.e., the determination is made without regard to any predecessor policy. If the insured and the policyholder or certificate holder under a policy are different, the insured should be considered the individual to whom a policy is sold for purposes of applying the inflation protection requirements.

C. Certification Process.

Pursuant to section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)), a long-term care insurance policy shall be deemed to meet the consumer protection requirements of section 1917(b)(1)(C)(iii)(III) of the Social Security Act (42 U.S.C. 1396p(b)(1)(C)(iii)(III)) if the plan amendment provides that the Louisiana Commissioner of Insurance ("Commissioner") certifies, in a manner satisfactory to the Secretary of the U.S. Department of Health & Human Services ("Secretary"), that the policy meets such requirements. In addition, SMDL #06-019 provides that the Commissioner must certify that a policy meets these consumer protection requirements in order for a policy to be a Partnership Policy.

In accordance with the safe harbor procedure specified in section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)), and subject to any guidance from the Secretary that may be issued providing otherwise, policies shall be considered certified pursuant to section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)) and therefore will be deemed to meet such consumer protection requirements if the health or life insurance issuer ("issuer"): (i) identifies the policy forms on which such policies are issued, and (ii) certifies that the consumer protection requirements of section 1917(b)(1)(C)(iii)(III) of the Social Security Act (42 U.S.C. 1396p(b)(1)(C)(iii)(III)) are met by such policies. As appropriate, the Commissioner shall, in turn, certify to the Secretary the compliance of such policies with such consumer protection requirements using the State Certification Form attached as

Attachment A. An issuer's Identification and certification of policies must be made to the Commissioner using the Issuer Certification Form attached as Attachment B. Copies of the Commissioner's certifications will be provided to the LDH.

Issuers requesting to make use of a previously approved policy form as a Partnership Policy, shall submit to the Commissioner the Issuer Certification Form set forth in Attachment B. This form shall be required for each policy form submitted for partnership qualification.

An issuer and the Commissioner may submit supplemental Issuer Certification Forms and State Certification Forms, respectively, that identify additional policy forms on which policies are issued that satisfy the consumer protection requirements of section 1917(b)(1)(C)(iii)(III) of the Social Security Act (42 U.S.C. 1396p(b)(1)(C)(iii)(III)). Copies of the Commissioner's certifications to the Secretary shall be provided to the LDH and to the issuer of the policies subject to such certification.

If there is a change made by the Secretary, pursuant to section 1917(b)(5)(C) of the Social Security Act (42 U.S.C. 1396p(b)(5)(C)), in the provisions of the National Association of Insurance Commissioners ("NAIC") Long-Term Care Insurance Model Act or Regulation that apply to new policies covered by Partnerships, appropriate modifications will be made to the Issuer Certification Form to reflect the new requirements.

D. Partnership Disclosure Requirements:

- **Notice of Partnership Program.**

An issuer or its producer, soliciting or offering to sell a policy that is intended to qualify as a Partnership Policy, shall provide to each prospective applicant a Partnership Program Notice, attached as Attachment C, outlining the requirements and benefits of a Partnership Policy. A similar notice may be used for this purpose if filed and approved by the Commissioner. The Partnership Program Notice shall be provided with the required Outline of Coverage.

- **Notice of Partnership Policy Status.**

A Partnership Policy issued for delivery in Louisiana shall be accompanied by the Partnership Status Disclosure Notice, attached as Attachment D, explaining the benefits associated with a Partnership Policy and indicating that at the time issued, the policy was a Partnership Policy. A similar notice may be used if filed and approved by the Commissioner. In the case of a group insurance contract, such Notice must be provided to the insured under a certificate upon the issuance of the certificate. In determining whether to provide this Notice with respect to a policy, the issuer of the policy may rely upon a statement by the policyholder, certificate holder, or insured that the insured is a resident of Louisiana.

E. Limitation on Partnership Policy Specific Rules.

In accordance with section 1917(b)(1)(C)(iii)(VII) of the Social Security Act (42 U.S.C. 1396p(b)(1)(C)(iii)(VII)), and apart from the requirements described in Paragraph B above that are specified by the DRA, no requirement affecting the terms or benefits of a Partnership Policy may be imposed unless such requirement is imposed on long-term care insurance policies without regard to whether the policy is a Partnership Policy. This limitation does not affect the state of Louisiana's ability to generally regulate the terms and sale of long-term care insurance policies where the state of Louisiana imposes requirements without regard to whether policies are Partnership Policies.

F. Reporting Requirements.

Pursuant to section 1917(b)(1)(C)(iii)(VI) and (v) of the Social Security Act (42 U.S.C. 1396p(b)(1)(C)(iii)(VI) and (v), respectively), issuers of Partnership Policies must provide regular reports to the Secretary in accordance with regulations of the Secretary. Issuers shall make such regular reports as directed by 45 CFR Part 144 (and as may be amended). Partnership Policies that cover more than one insured are treated as separate Partnership Policies, each of which covers a single insured. Thus, the reporting requirements described herein apply with respect to each such separate Partnership Policy.

G. Coordination Between Departments.

The LDH must provide information and technical assistance to the LDI on the role of the LDI to assure that any individual who sells a Partnership Policy receives training and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.

H. Reciprocity.

The Partnership Program shall provide reciprocity with respect to long-term care insurance policies covered under other state's long-term care insurance partnerships (i.e., Partnerships and Medicaid Plan amendments approved as of May 14, 1993, providing for a long-term care insurance partnership).

In furtherance of this reciprocity, the amount of the Asset Disregard provided with respect to a policy purchased under the long-term care insurance partnership of another state shall equal the Asset Disregard that would apply to a Partnership Policy covered directly by the Partnership Program. Such reciprocity shall be provided to all states that maintain a state long-term care insurance partnership that provides similar reciprocity for Partnership Policies issued under the Partnership Program. The provision of reciprocity under the Partnership Program does not affect eligibility requirements for Medicaid benefits that apply apart from those pertaining to permissible assets and resources.

I. Federal Long-Term Care Insurance Program.

It is recognized that the enabling law for the creation of the Federal Long-Term Care Insurance Program ("FLTCIP") set forth at 5 U.S.C. 9001-9009 provides for the preemption of state laws with respect to this program. Therefore, where the Director of the U.S. Office of Personnel Management has certified that a certificate issued pursuant to the FLTCIP meets the requirements of section 1917(b)(1)(C)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(1)(C)(iii)), such certificate shall be deemed to qualify for the Asset Disregard.

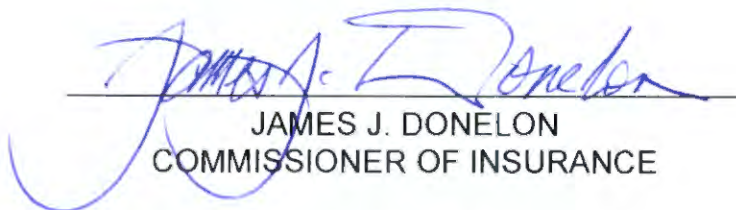
J. Producer Training.

The DRA and the SMDL #06-019 require the Commissioner to provide assurances that any insurance producer who sells, solicits, or negotiates "a policy under a Partnership receives training and demonstrates an understanding of Partnership Policies and their relationship to public and private coverage to long-term care."

Issuers are to maintain records, subject to the state's record retention requirements, that verify that those insurance producers who sell, solicit, or negotiate long-term care insurance products on their behalf have received the training required for Partnership Policies and that they demonstrate an understanding of the policies and their relationship to public and private long term care coverage.

If there are any concerns regarding Bulletin 09-13 (Revised and Reissued), please contact the Deputy Commissioner of the Office of Health, Life and Annuity at 225-342-1355 or electronically at public@ldi.la.gov.

Baton Rouge, Louisiana, this 21st day of February, 2022.



JAMES J. DONELON
COMMISSIONER OF INSURANCE

Attachment A

STATE CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

Under section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)), the insurance commissioner of a state implementing a qualified state long-term care insurance partnership ("Qualified Partnership") may certify that long-term care insurance policies (including certificates issued under a group insurance contract) covered under the Qualified Partnership meet certain consumer protection requirements, and policies so certified are deemed to satisfy such requirements. These consumer protection requirements are set forth in section 1917(b)(5)(A) of the Social Security Act (42 U.S.C. 1396p(b)(5)(A)) and principally include certain specified provisions of the Long-Term Care Insurance Model Regulation and Long-Term Care Insurance Model Act promulgated by the National Association of Insurance Commissioners ("NAIC") (adopted as of October 2000 and referred to herein as the "2000 Model Regulation" and "2000 Model Act," respectively). These requirements apply to policies covered under a Qualified Partnership even if the state has not adopted all such requirements with respect to its regulation of long-term care insurance.

This State Certification Form should be used by the state insurance commissioner to provide the certification under section 1917(b)(5)(B)(iii) of the Social Security Act. In providing this certification, the state insurance commissioner may reasonably rely upon the certification of issuers of the policies that is made in accordance with the Issuer Certification Form (see Attachment B). The Issuer Certification Form is not intended, however, to preclude the state insurance commissioner from requesting such further information from issuers of policies as the state insurance commissioner determines may be needed in order to reach a determination that such policies are in compliance with the provisions of the 2000 Model Regulation and 2000 Model Act that are applicable under section 1917(b)(5)(A) of the Social Security Act.

A state insurance commissioner may supplement its certification from time to time to include new policies that are certified.

I. POLICY FORMS COVERED BY CERTIFICATION

The policies to which this certification applies are those issued on the policy forms identified on the attached Exhibit 1 that are intended to be covered by the Qualified Partnership. Once a certification is issued with respect to a policy form under this State Certification Form, such certification will continue to apply to policies issued on such form that are intended to be covered by the Qualified Partnership until such time that: (a) the state insurance commissioner revokes such certification, or (b) there is a change made by the U.S. Secretary of Health and Human Services ("Secretary"), pursuant to section 1917(b)(5)(C) of the Social Security Act (42 U.S.C. 1396p(b)(5)(C)), in the provisions of the NAIC's long-term care insurance models that apply to policies covered by the Qualified Partnership.

Any such change in requirements made pursuant to section 1917(b)(5)(C) of the Social Security Act (42 U.S.C. 1396p(b)(5)(C)) shall apply prospectively only (or in accordance with any effective date rule promulgated by the Secretary in connection with such change), so that policies issued prior to such change will be unaffected, i.e., they will continue to be deemed to satisfy the requirements of section 1917(b)(5)(A) of the Social Security Act. For example, if a new requirement is imposed under section 1917(b)(5)(C) of the Social Security Act and the Secretary specifies that such change will apply to policies issued after a certain date, then Partnership Policies issued on or prior to such date on policy forms covered by this State Certification Form will be treated as certified and will be unaffected by such new requirement. Also, if the policy form is covered by a new State Certification Form that reflects a change in the long-term care insurance model requirements and the new State Certification Form is made effective as of the effective date of such change, then Partnership Policies issued under such policy form after such date also will be treated as certified.

II. CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the Partnership Policies issued on the policy forms identified in Exhibit 1 to this State Certification Form comply with the requirements of section 1917(b)(5)(A) of the Social Security Act (42 U.S.C. 1396p(b)(5)(A)).

Date

Name of State Insurance Commissioner
(or authorized delegate)

Signature of State Insurance Commissioner
(or authorized delegate)

Attachment A: Exhibit 1

(to State Certification Form)

Issuer: _____

Policy forms covered by certification: _____

Issuer: _____

Policy forms covered by certification: _____

Issuer: _____

Policy forms covered by certification: _____

Issuer: _____

Policy forms covered by certification: _____

Issuer: _____

Policy forms covered by certification: _____

Issuer: _____

Policy forms covered by certification: _____

Issuer: _____

Policy forms covered by certification: _____

Attachment B

ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

Under section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)), the state insurance commissioner of a state implementing a qualified state long-term care insurance partnership ("Qualified Partnership") may certify that long-term care insurance policies (including certificates issued under a group insurance contract) covered under the Qualified Partnership meet certain consumer protection requirements, and policies so certified are deemed to satisfy such requirements. These consumer protection requirements are set forth in section 1917(b)(5)(A) of the Social Security Act (42 U.S.C. 1396p(b)(5)(A)) and principally include certain specified provisions of the Long-Term Care Insurance Model Regulation and Long-Term Care Insurance Model Act promulgated by the National Association of Insurance Commissioners (adopted as of October 2000 and referred to herein as the "2000 Model Regulation" and "2000 Model Act," respectively).

In order to provide each state insurance commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requests information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the state.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, e.g., as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form:

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. QUESTIONS REGARDING APPLICABLE PROVISIONS OF THE 2000 MODEL REGULATION AND 2000 MODEL ACT

Please answer each of the questions below with respect to the policy forms identified in section I.C above. For purposes of answering the questions below, any provision of the 2000 Model Regulation or 2000 Model Act listed below shall be treated as including any other provision of the 2000 Model Regulation or 2000 Model Act necessary to implement the provision.

Are the following requirements of the 2000 Model Regulation met with respect to all policies (including certificates issued under a group insurance contract) intended to be covered under the Qualified Partnership that are issued on each of the policy forms identified in section I.C above?

- Yes ___ No ___ N/A ___ A. Section 6A (relating to guaranteed renewal or noncancellability), other than paragraph (5) thereof, and the requirements of section 6B of the 2000 Model Act relating to such section 6A.
- Yes ___ No ___ N/A ___ B. Section 6B (relating to prohibitions on limitations and exclusions) other than paragraph (7) thereof.
- Yes ___ No ___ N/A ___ C. Section 6C (relating to extension of benefits).
- Yes ___ No ___ N/A ___ D. Section 6D (relating to continuation or conversion of coverage).
- Yes ___ No ___ N/A ___ E. Section 6E (relating to discontinuance and replacement of policies).
- Yes ___ No ___ N/A ___ F. Section 7 (relating to unintentional lapse).
- Yes ___ No ___ N/A ___ G. Section 8 (relating to disclosure), other than sections 8F, 8G, 8H, and 8I thereof.
- Yes ___ No ___ N/A ___ H. Section 9 (relating to required disclosure of rating practices to consumer).
- Yes ___ No ___ N/A ___ I. Section 11 (relating to prohibitions against post-claims underwriting).
- Yes ___ No ___ N/A ___ J. Section 12 (relating to minimum standards).
- Yes ___ No ___ N/A ___ K. Section 14 (relating to application forms and replacement coverage).
- Yes ___ No ___ N/A ___ L. Section 15 (relating to reporting requirements).
- Yes ___ No ___ N/A ___ M. Section 22 (relating to filing requirements for marketing).

Yes ___ No ___ N/A ___ N. Section 23 (relating to standards for marketing), including inaccurate completion of medical histories, other than paragraphs (1), (6), and (9) of section 23C.

Yes ___ No ___ N/A ___ O. Section 24 (relating to suitability).

Yes ___ No ___ N/A ___ P. Section 25 (relating to prohibition against preexisting conditions and probationary periods in replacement policies or certificates).

Yes ___ No ___ N/A ___ Q. The provisions of section 26 relating to contingent nonforfeiture benefits, if the policyholder declines the offer of a nonforfeiture provision described in section 7702B(g)(4) of the Internal Revenue Code of 1986 (26 U.S.C. 7702B(g)(4)).

Yes ___ No ___ N/A ___ R. Section 29 (relating to standard format outline of coverage).

Yes ___ No ___ N/A ___ S. Section 30 (relating to requirement to deliver shopper's guide).

Are the following requirements of the 2000 Model Act met with respect to all policies (including certificates issued under a group insurance contract) intended to be covered under the Qualified Partnership that are issued on each of the policy forms identified in section I.C above?

Yes ___ No ___ N/A ___ A. Section 6C (relating to preexisting conditions).

Yes ___ No ___ N/A ___ B. Section 6D (relating to prior hospitalization).

Yes ___ No ___ N/A ___ C. The provisions of section 8 relating to contingent nonforfeiture benefits.

Yes ___ No ___ N/A ___ D. Section 6F (relating to right to return).

Yes ___ No ___ N/A ___ E. Section 6G (relating to outline of coverage).

Yes ___ No ___ N/A ___ F. Section 6H (relating to requirements for certificates under group plans).

Yes ___ No ___ N/A ___ G. Section 6J (relating to policy summary).

Yes ___ No ___ N/A ___ H. Section 6K (relating to monthly reports on accelerated death benefits).

Yes ___ No ___ N/A ___ I. Section 7 (relating to incontestability period).

In order for a policy to be covered under the Qualified Partnership of the state, the answers to all questions above should be "Yes" (or "N/A" where all requirements with respect to a provision above are not applicable). If answers differ between policy forms (e.g., a requirement would be answered "Yes" for one form and "N/A" for another), you should use separate Issuer Certification Forms for such policies.

III. CERTIFICATIONS:

I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

Date

Name and Title of Officer of the Issuer

Signature of Officer of the Issuer

Attachment C

Partnership Program Notice Important Consumer Information Regarding the Louisiana Long-Term Care Insurance Partnership Program

Some long-term care insurance [policies] [certificates] sold in Louisiana may qualify for the Louisiana Long-Term Care Insurance Partnership Program ("Partnership Program"). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain state and federal requirements. Long-term care insurance [policies] [certificates] that qualify as Partnership [Policies] [Certificates] may protect the [policyholder's] [certificate holder's] assets through a feature known as Asset Disregard under Louisiana's Medicaid Program.

Asset Disregard means that an amount of the [policyholder's] [certificate holder's] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership [Policy] [Certificate] will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership [Policy] [Certificate] without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply, and special rules may apply to persons whose home equity exceeds [\$500,000]. Asset Disregard is not available under a long-term care insurance [policy] [certificate] that is not a Partnership [Policy] [Certificate]. Therefore, you should consider if Asset Disregard is important to you, and whether a Partnership Policy meets your needs. ***The purchase of a Partnership [Policy] [Certificate] does not automatically qualify you for Medicaid.***

What are the Requirements for a Partnership [Policy] [Certificate]? In order for a [policy] [certificate] to qualify as a Partnership [Policy] [Certificate], it must, among other requirements:

- Be issued to an individual after October 1, 2009;
- Cover an individual who was a Louisiana resident when coverage first becomes effective under the [policy] [certificate];
- Be a tax-qualified [policy] [certificate] under Section 7702 (B)(b) of the Internal Revenue Code of 1986;
- Meet stringent consumer protection standards; and
- Meet the following inflation requirements:
 - For ages 60 or younger - provides compound annual inflation protection
 - For ages 61 to 75 - provides some level of inflation protection
 - For ages 76 and older - no purchase of inflation protection is required.

If you apply and are approved for long-term care insurance coverage, [carrier name] will provide you with written documentation as to whether or not your [policy] [certificate] qualifies as a Partnership [Policy] [Certificate].

What Could Disqualify a [Policy] [Certificate] as a Partnership [Policy] [Certificate]?

Certain types of changes to a Partnership [Policy] [Certificate] could affect whether or not such [policy] [certificate] continues to be a Partnership [Policy] [Certificate]. If you purchase a Partnership [Policy] [Certificate] and later decide to make *any* changes, you should first consult with [carrier name] to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your [policy] [certificate] as a Partnership [Policy] [Certificate], you may not receive beneficial treatment of your [policy] [certificate] under the Medicaid Program of that state. The information contained in this disclosure is based on current Louisiana and federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your [policy] [certificate] under Louisiana's Medicaid Program.

Additional Information. If you have questions regarding long-term care insurance [policies] [certificates] please contact [carrier name]. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Louisiana Department of Health.

Attachment D

Partnership Status Disclosure Notice Important Information Regarding Your [Policy's] [Certificate's] Long-Term Care Insurance Partnership Status

This disclosure notice is issued in conjunction with your long-term care [policy] [certificate]:

Some long-term care insurance [policies] [certificates] sold in Louisiana qualify for the Louisiana Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain state and federal requirements. Long-term care insurance [policies] [certificates] that qualify as Partnership [Policies] [Certificates] may be entitled to special treatment, and in particular an Asset Disregard, under Louisiana's Medicaid Program.

Asset Disregard means that an amount of the [policyholder's] [certificate holder's] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership [Policy] [Certificate] will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership [Policy] [Certificate] without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply, and special rules may apply to persons whose home equity exceeds [\$500,000]. Asset Disregard is **not** available under a long-term care insurance [policy] [certificate] that is not a Partnership [Policy] [Certificate]. **The purchase of a Partnership [Policy] [Certificate] does not automatically qualify you for Medicaid.**

Partnership [Policy] [Certificate] Status. Your long-term care insurance [policy] [certificate] is intended to qualify as a Partnership [Policy] [Certificate] under the Louisiana Long-Term Care Partnership Program as of the effective date of your [policy] [certificate].

What Could Disqualify Your [Policy] [Certificate] as a Partnership Policy? If you make any changes to your [policy] [certificate], such changes could affect whether your [policy] [certificate] continues to be a Partnership [Policy] [Certificate]. ***Before you make any changes, you should consult with [insert name of carrier] to determine the effect of a proposed change.*** In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your [policy] [certificate] as a Partnership [Policy] [Certificate], you may not receive beneficial treatment of your [policy] [certificate] under the Medicaid Program of that state. The information contained in this Notice is based on current state and federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your [policy] [certificate] under Louisiana's Medicaid Program.

Additional Information. If you have questions regarding your insurance [policy] [certificate], please contact [insert name of carrier]. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Louisiana Department of Health.