TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Accident and Health Program (106-1D)
333 Guadalupe, Austin, Texas 78701 PO Box 149104, Austin, Texas 78714-9104
(512) 676-6630 | F: (512) 490-1017 | (800) 578-4677 | TDI.texas.gov | @TexasTDI

Figure: 28 TAC §3.3837(b):

RESCISSION REPORTING FORM FOR LONG-TERM CARE POLICIES FOR THE STATE OF TEXAS

Due: No later than June 30 annually for the preceding calendar year

For the Reporting Year of _____

Company NAIC Number: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: (5-digit) _____

Contact Name and Title: _____

Contact E-mail: _____

Contact Phone Number: _____ EXT: _____

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates for the preceding calendar year. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. **Please furnish *one form per rescission*.**

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date(s) Claim(s) Submitted	Date of Rescission

Detailed reason for rescission (1000 character limit):

_____

Print Form

Please send all responses using this E-mail Button, it is the only way your data will be accepted!

Submit by Email

After you click on the "Submit by E-mail" box, please send the resulting e-mail, addressed to TDI. This will complete the form submission.

LHL563 Rev. 12/2015