

**Long-Term Care Suitability Reporting Form
FOR THE STATE OF TEXAS**

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

For the Reporting Year of: _____

Company Information:

Company NAIC Number:

Company Name: _____

Company Address: _____

City: _____ State: _____ ZIP: _____

Contact Information:

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone Number: _____ EXT: _____

Suitability Data for Partnership Policies:

Long-term Care Partnership Policies	Total Number of Applications Received	Total Number of Applicants Who Declined to Provide Personal Worksheet Information	Total Number of Applicants Who Did Not Meet Suitability Standards	Total Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter
Comprehensive (institutional and community care)				
Nursing Home (institutional only)				

Suitability Data for Non-Partnership Policies:

Long-term Care Non-Partnership Policies	Total Number of Applications Received	Total Number of Applicants Who Declined to Provide Personal Worksheet Information	Total Number of Applicants Who Did Not Meet Suitability Standards	Total Number of Applicants Who Chose to Confirm After Receiving a Suitability Letter
Comprehensive (institutional and community care)				
Nursing Home (institutional only)				
Home Health Care (community-based services)				
Riders (attached to life policies, annuity contracts)				