

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF TRACKING NO:	

CERTIFICATION FOR LONG TERM CARE INSURANCE PARTNERSHIP POLICY CHECKLIST.

This checklist is not required to be included with a certification filing. The items listed below may paraphrase the law or regulation. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

A. Filing Incomplete or in Unacceptable Format

	Citation	Description	"X" Means Applicable	Form/ Page
A1.	COMAR 31.14.03.04	Certification filing submission may not be combined with a filing of forms filed for approval.		
A2.	COMAR 31.04.17.03-1(2)	Submission Does Not Include Third Party Authorization.		

B. Long Term Care Partnership Policy Filing Requirements for Certification

	Citation	Description	"X" Means Applicable	Form/ Page
B1.	COMAR 31.14.03.04A	Proof of prior approval of long term care insurance policy.		
	COMAR 31.14.03.04A(1)	a. If long term care policy approved within 3 years before date carrier files for partnership certification, provide form number and date of approval of long term care policy. If approved through SERFF, also provide SERFF tracking number.		
	COMAR 31.14.03.04A(2)	b. If long term care policy approved more than 3 years before date carrier files for partnership certification, provide copy of previously approved long term care policy, including date of approval. If approved through SERFF, also provide SERFF tracking number.		

	Citation	Description	"X" Means Applicable	Form/ Page
B2.	§18-107; COMAR 31.14.03.05B	Copy of previously approved long term care policy schedule page or group certificate page with required disclosure notice. If approved through SERFF, also provide SERFF tracking number.		
B3.	COMAR 31.14.03.01C	Previously approved long term care policy forms do not comply with changes of COMAR 31.14.01 and COMAR 31.14.02 that were effective 04/01/02 or other effective date specified in those regulations.		
B4.	COMAR 31.14.03.01C	Previously approved long term care policy forms do not comply with changes of COMAR 31.14.01 and COMAR 31.14.02 that were effective 09/10/07 or other effective date specified in those regulations.		
B5.	COMAR 31.14.03.05F	Inflation Protection requirements for Long Term Partnership Policy		
B6.	COMAR 31.14.03.04C	Form number and date of approval of application for use with Long Term Care Partnership Policy in Maryland which meets the requirements of COMAR 31.14.03.06. If approved through SERFF, also provide SERFF tracking number.		
B7.	COMAR 31.14.03.04D	Copy of Disclosure Notice for Long Term Care Partnership Policy to satisfy requirements of COMAR 31.14.03.05C and COMAR 31.14.03.09.		
B8.	COMAR 31.14.03.04E	Copy of Policy Summary for Long Term Care Partnership to satisfy requirements of COMAR 31.14.03.08.		