

Figure: 28 TAC §3.3874(b)(6)(B)

Long-Term Care Partnership Agent Training Certification Form
To be submitted to the Department annually between January 1 and January 31
for the preceding year beginning in 2010

Company Name _____

Reporting for Year _____

NAIC ID Number _____

Date Report Submitted _____

TDI ID Number _____

I hereby certify that for the annual period specified above:

Each individual who currently sells or who has sold a long-term care benefit plan for (company name) under the Long-term care Partnership Program completed training and demonstrated evidence of understanding long-term care partnership policies and how they relate to other public and private coverage of long-term care policies.

Signature: _____

Name: _____

Title: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ EXT _____

E-mail Address: _____

Form Number LHL572(LTC)