

Partnership Program Notice

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

Some long-term care insurance policies and certificates (hereinafter referred to as “insurance policies”) sold in Michigan may qualify for the Michigan 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 must follow state and federal guidelines, and agents must be licensed and trained to sell partnership policies. Insurance companies voluntarily agree to participate in the Partnership Program. Long-term care insurance that qualifies for the Partnership Program may protect the policyholder’s or certificate holder’s assets through a feature known as “Asset Disregard” under Michigan’s Medicaid program.

Asset Disregard means that an amount of the policyholder’s or certificate holder’s assets, equal to the amount of long-term care benefits received under a qualified Partnership Program insurance policy, 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 paid on your behalf under a qualified Partnership Program insurance policy. All other Medicaid eligibility criteria will apply and special rules may apply to persons whose home equity exceeds a certain dollar limit. Therefore, you should consider if Asset Disregard is important to you, and whether a Partnership Program insurance policy meets your needs. The purchase of a Partnership Program insurance policy does not automatically qualify you for Medicaid.

A qualified Partnership Program insurance policy must, at a minimum:

- Be issued to an individual after December 31, 2007;
- Cover an individual who was a resident of Michigan when coverage first becomes effective under the insurance policy;
- Be tax-qualified under Section 7702(B)(b) of the Internal Revenue Code of 1986;
- Meet prescribed consumer protection standards, and
- Provide the following inflation protections:
 - For ages 60 and younger – provide compound annual inflation protection,
 - For ages 61 through 75 – provide some level of inflation protection,
 - For ages 76 and older – inflation protection may be offered but is not required.

If you apply for and are approved for long-term care insurance coverage, the insurance company will provide you with written documentation as to whether your insurance policy qualifies for the Partnership Program.

Certain types of changes to the insurance policy may disqualify you as eligible for the Partnership Program. If you purchase Partnership Program coverage and later decided to make any changes, you should first consult with your insurance company to determine the effect of a proposed change. For example, if you choose to lower your inflation protection or drop it altogether, the insurance policy will no longer be a Partnership Program insurance policy. Moving to a state without a Partnership Program or one that has not agreed to accept long-term care insurance issued in a different state (reciprocity) as being eligible as Partnership Program coverage is another way that your Partnership Program insurance policy loses its Partnership eligibility. State and/or federal laws can change which could also affect your Partnership Program status.

The information contained in this disclosure is based on current Michigan and federal laws, which may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your insurance policy under Michigan's Medicaid program.

If you have questions regarding long-term care insurance, please contact your insurance company or your agent. If you have questions regarding current laws governing Medicaid eligibility, please contact the Michigan Department of Health and Human Services.

LONG-TERM CARE PARTNERSHIP POLICY CERTIFICATION FORM

I. DIRECTIONS

This certification must be completed and submitted, via SERFF, with each long-term care policy or certificate that is intended to qualify under the Michigan Long-Term Care Insurance Partnership Program. A separate certification must be completed for each policy or certificate.

An issuer may request certification of a policy or certificate which has been previously approved by the Department of Insurance and Financial Services (DIFS), or request certification of a new policy or certificate. No long-term care policy or certificate may be issued in Michigan as a Partnership Policy or certificate unless and until this Certification has been submitted to the Director of DIFS and the policy or certificate has been approved.

II. CERTIFICATION PROCESS

Pursuant to Section 1917 of the Social Security Act, Michigan Compiled Laws (MCL) 400.112 and chapter 39A of the Michigan Insurance Code, the State of Michigan has implemented a Long-Term Care Insurance Partnership Program. Under this program, a person receiving benefits under a qualified Long-Term Care Insurance Partnership Policy ("Partnership Policy") may be entitled to have assets equivalent to the benefits received under the Partnership Policy disregarded for the purpose of determining Medicaid Eligibility

The Director of DIFS may certify that long-term care insurance policies (including certificates issued under a group insurance contract) meet certain consumer protection requirements required of Partnership Policies. These 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). Applicable sections of the Model Act and the Model Regulation may be found in chapters 39 and 39A of the Michigan Insurance Code.

An issuer wishing to have a long-term care insurance policy certified by the Director as meeting the requirements for treatment as a Partnership Policy must fully and accurately complete this Policy Certification Form. The certification must be made by an authorized representative of the issuer with binding authority. Full contact information for the signing representative must be provided.

By submitting this form, you are certifying that the information contained herein is complete and accurate. Any inaccuracies in the information you provide on this form may result in a withdrawal of any certification made by the Director in reliance on this form, retroactive correction of the policy to conform to certification requirements, disapproval of the policy for use in Michigan and administrative action against the issuer on whose behalf the form is submitted. Therefore, it is essential that you carefully review the information set forth on this form for accuracy.



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

III. GENERAL INFORMATION

Name of Issuer			
Address	City	State	Zip Code
Telephone Number	Issuer NAIC Number		
Issuer Employee Contact for Information Regarding this Form		Telephone Number	
Address	City	State	Zip Code
Email Address			
Policy or Certificate Form Number		SERFF Tracking #/Prior Approval Date (If Applicable)	

IV. APPLICABLE PROVISIONS OF THE MODEL REGULATION AND MODEL ACT

Please answer each of the questions below with respect to the policy form identified in Section III above. For purposes of answering the questions below, any provision of the NAIC Model Regulation or NAIC Model Act, as adopted by the State of Michigan and listed below, shall be treated as including any other provision of the Model Regulation or Model Act necessary to implement the provision.

Are the following requirements of the Michigan Insurance Code met with respect to the policy or certificate intended to be covered under the Qualified Partnership Program as listed in Section III above?

	Provision	Yes	No	N/A
1.	MCL 500.3907 (Guaranteed Renewal and Noncancellability), other than Section (e)			
2.	MCL 500.3905 (Limitations and Exclusions), other than subsection (f)			
3.	MCL 500.3919 (Extension of Benefits)			
4.	MCL 500.3907 (Continuation or Conversion of Coverage)			
5.	MCL 500.3939 (Discontinuance and Replacement of Policies)			
6.	MCL 500.3906 (Unintentional Lapse)			
7.	MCL 500.3942 & MCL 500.3923 (Required Disclosure Provisions), other than subsections (6), (7), (8) and (9).			
8.	MCL 500.3925 (Required Disclosure of Rating Practices to Consumers)			
9.	MCL 500.3921 (Prohibition Against Post-Claims Underwriting)			
10.	MCL 500.3905 (Minimum Standards)			
11.	MCL 500.3921 (Application Forms and Replacement Coverage)			
12.	MCL 500.3942a (Reporting Requirements)			
13.	MCL 500. 3941 (Filing Requirements for Advertising)			

	Provision	Yes	No	N/A
14.	MCL 500.3942 (Standards for Marketing), including inaccurate completion of medical histories, other than subsections (3)(a), (3)(f), and (3)(i).			
15.	MCL 500.3941a (Suitability)			
16.	MCL 500.3917 (Prohibition Against Preexisting Conditions and Probationary Periods in Replacement Policies or Certificates)			
17.	MCL 500.3910a 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.			
18.	MCL 500.3933 (Standard Format Outline of Coverage)			
19.	MCL 500.3937 (Requirement to Deliver Shopper's Guide)			
20.	MCL 500.3903 (Certificates Issued Under Group Plan)			
21.	MCL 500.3911 (Preexisting Conditions)			
22.	MCL 500.3915 (Prior Hospitalization)			
23.	MCL 500.3910a relating to Contingent Nonforfeiture Benefits			
24.	MCL 500.3943 (Right to Return)			
25.	MCL 500.3933 (Outline of Coverage)			
26.	MCL 500.3903 (Certificates Under Group Plans)			
27.	MCL 500.3933 (Policy Summary)			
28.	MCL 500.3951 (Monthly Report on Accelerated Death Benefit)			
29.	MCL 500.3906 (Incontestability Period)			

V. INFLATION PROTECTION

Does the policy or certificate listed in Section III (including certificates issued under a group insurance contract) comply with the Partnership Program inflation protection requirements set forth in MCL 500.3909 and the DRA, [42 USC §1396p\(b\)\(C\)\(iii\)\(V\)](#).

___ Yes ___ No

VI. CERTIFICATION

I hereby certify that the answers, accompanying documents, and other information set forth herein for certification of the listed policy form is, to the best of my knowledge and belief, true, correct and complete and that the policy identified in this form meets all of the consumer protection standards required of qualified Long-Term Care Insurance Partnership Policies issued in the state of Michigan.

Authorized Representative of the Issuer (Printed)	Title
Signature	Date

When submitting Partnership Filings in SERFF, please use TOI and Sub-TOI LTC031 / LTC031.004 or LTC03G / LTC03G.004. The Filing Types available are Form, Form/Rate and Rate.