



State of Nevada
Department of Business & Industry
Division of Insurance
LONG-TERM CARE SUITABILITY REPORTING FORM

Pursuant to NAC 687B.057, certain licensed entities must file an annual suitability report on or before April 1 of each year for the previous year.

Reporting Year: _____ ORG ID #: _____ NAIC #: _____

Contact person: _____ Date: _____

Company Name: _____

Address: _____

Phone and Email: _____

Number of applications for long-term care insurance received by your company from residents of this state: _____

Number of applicants who declined to provide information on the long-term care insurance personal worksheet as described in subsection 9 of NAC 687B.056: _____

Number of applicants who did not meet the suitability standards developed by your company pursuant to NAC 687B.056: _____

Number of applicants who chose to purchase long-term care insurance after receiving the suspension of final review letter pursuant to paragraph (b) of subsection 1 of NAC 687B.0565: _____

Signature

Name and Title (please type)

Date

Reports are required by NAC 687B.004 to be submitted electronically via SERFF at <https://login.serff.com/index.html> (use TOI "Required Industry Reports"). Related inquiries may be made to ladair@doi.nv.gov, or mailed to:

Department of Business and Industry
Division of Insurance – ATTN: Life and Health Section
1818 East College Parkway, Suite 103
Carson City, NV 89706