

REVIEW REQUIREMENTS CHECKLIST FOR CCRC

LINE OF BUSINESS: CCRC

CODES: CC01 through CC01

This checklist MUST be completed to assist in the submission and review of forms submitted to the New Hampshire Insurance Department. It is not intended to be an all-inclusive listing of required provisions, rather guidance for areas of frequent questions and areas needing special attention. All New Hampshire Statutes and Rules are available at:

http://www.gencourt.state.nh.us/rules/state_agencies/ins.html
<http://www.gencourt.state.nh.us/rsa/html/XXXVII/420-D/420-D-mrq.htm>

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REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING (SECTION & PAGE NUMBER)
SECTION 1 GENERAL REQUIREMENTS			
COVER LETTER	NHCAR Part Ins 1808.02 (a)	(a) All contracts between a CCRC and a resident shall be executed on a form which has been previously approved by the commissioner. To obtain approval for the contract form, the CCRC shall provide the commissioner, via email, with a copy of the proposed contract form in PDF format and a cover letter. The cover letter shall provide a brief description of the main features of the contract form. Contact NHID 603 271-3078	YES: NO: PG # / IF NO:
NHID FEES (Application Certificate of Authority)	NHCAR Part Ins 1809.01	(a) Upon each application for a permanent certificate of authority , the applicant shall pay a fee of \$800.00 to the state of New Hampshire.	YES: NO: PG # / IF NO:
NHID FEES (Annual Report)	NHCAR Part Ins 1809.01	(b) Upon each filing of the annual report as required pursuant to Ins 1804, the CCRC shall pay a fee of \$800 to the state of New Hampshire.	YES: NO: PG # / IF NO:
NHID FEES (Disclosure Statement / Residency Agreement or any amendments or revisions to resident's contract)	NHCAR Part Ins 1809.01	(c) A CCRC shall pay a fee of \$80.00 to the state of New Hampshire for each separate resident contract submitted for review by the commissioner.	YES: NO: PG # / IF NO:
NHID FEES (New Certificate of Authority)	NHCAR Part Ins 1809.01	d) Upon each application for a new certificate of authority required pursuant to RSA 420-D:13, II, when management control of more than 50% of the assets of a facility are transferred to another party, the applicant shall pay a fee of \$400.00 to the state of New Hampshire.	YES: NO: PG # / IF NO:
PRINT TYPE	NHCAR Part Ins 1808.03 (h)	All disclosure statements shall be printed in 12-point type or larger.	YES: NO: PG # / IF NO:

DEFINITIONS (1 OF 2)	RSA 420-D:1 I	II. "Commissioner" III. "Continuing care" or "life care" IV. "Department" V. "Entrance fee", "entrance deposit" or "accommodation fee" for one year or \$10,000. VI. "Facility" VII. "Licensed" VIII. "Living unit" IX. "Manager" X. "Periodic payments" or "monthly care fees" XI. "Provider" XII. "Resident" XIII. "Solicit" XIV. (a) "Unearned portion of entrance fee" (b) "Earned portion of entrance fee" XV. "Just cause"	YES: NO: PG # / IF NO:
DEFINITIONS (2 OF 2)	NHCAR Part Ins 1802.01	(b) the following definitions shall apply: (1) "Escrow date", (2) "Continuing Care Retirement Community (CCRC)" (3) "General court" (4) "Health care provider" (5) "Health care services" (6) "Major changes" (7) "Market value" (8) "National Association of Insurance Commissioners (NAIC)" (9) "Operating expenses"	YES: NO: PG # / IF NO:
SECTION 2 DISCLOSURE STATEMENTS			
COVER PAGE (Form Number)	NHCAR Part Ins 401.04(a)	Form number in lower left hand corner of face page	YES: NO: PG # / IF NO:

<p>READABILITY</p>	<p>NHCAR Part Ins 1808.01</p>	<p>(a) Documents given to residents and prospective residents, including contracts with residents and disclosure statements, shall:</p> <ul style="list-style-type: none"> (1) Use language that a person of average intelligence and education can read and understand; (2) Present information in a logical sequence and in a clear and direct fashion; (3) Avoid complex and compound sentences; (4) Use words in a manner which shall convey their commonly understood meanings; (5) Include definitions for words or terms which cannot properly be explained or qualified in the text; (6) Capitalize a defined word in any contract or disclosure statement; (7) Use frequent section headings to permit ease in locating provisions; (8) Be printed in easily legible typeface; and (9) Contain an index, which shall be either the first page of the document or whose location shall be noted on the first page of the document, which lists all section headings used in the document if the document is more than one page in length. 	<p>YES: NO: PG # / IF NO:</p>
	<p>NHCAR Part Ins 1808.02</p>	<p>(k) All contracts with residents shall be printed in 12 point type or larger and shall be prepared in a manner to ensure legibility and ease of reading.</p>	

NOTICE	NHCAR Part Ins 1808.03 (f) (2)	The notice required by RSA 420-D:4 I, shall appear on the cover page of the disclosure statement in a prominent location and typeface.	YES: NO: PG # / IF NO:
DISCLOSURE COVER PAGE REQUIREMENTS	RSA 420-D:4 I	Notice: You are advised to consult with an attorney before signing any documents or agreements concerning this matter. You have the right to cancel this agreement within 10 days after signing without obligation, except for certain described services and charges.	YES: NO: PG # / IF NO:
	RSA 420-D:4 IV	"The Issuance of a certificate of authority does not constitute approval, recommendation, or endorsement of the facility by the department nor is it evidence of, nor does it attest to, the accuracy or completeness of the information set out in the disclosure statement."	YES: NO: PG # / IF NO:
DISCLOSURE COVER PAGE REQUIREMENTS	NHCAR Part Ins 1808.03(a)	A CCRC shall submit all disclosure statements to the commissioner for prior approval.	YES: NO: PG # / IF NO:
DISCLOSURE COVER PAGE REQUIREMENTS	NHCAR Part Ins 1808.03 (b) (1)	Duplicate copies of the proposed disclosure statement; (prefer email with form(s) attached in pdf format) Contact NHID 603 271-3078	YES: NO: PG # / IF NO:
COVER LETTER	NHCAR Part Ins 1808.03 (b) (2)	A cover letter, via email with form(s) attached in pdf format. Contact NHID 603 271-3078	YES: NO: PG # / IF NO:
AMENDMENTS	NHCAR Part Ins 1808.03 (e)	The CCRC shall submit to the commissioner for his approval any revision(s) or amendment(s) to an approved disclosure statement	YES: NO: PG # / IF NO:
DISCLOSURE STATEMENT	NHCAR Part Ins 1808.03 (f)	In addition to the requirements of RSA 420-D:4 and Ins 1808.01, the disclosure statement shall comply with the following rules:	YES: NO: PG # / IF NO:
STATEMENT	NHCAR Part Ins 1808.03 (f) (1)	The disclosure statement shall include a statement advising the prospective resident that New Hampshire law requires the CCRC to provide the prospective resident with a disclosure statement before the initial transfer of funds and before the prospective resident consents to any contract with the CCRC; and	YES: NO: PG # / IF NO:

CHANGES IN OPERATION REQUIRE AMENDMENT	NHCAR Part Ins 1808.03 (g)	Changes in the operation of a CCRC which require an amendment to the disclosure statement shall include the following:	YES: NO: PG # / IF NO:
CHANGES IN OPERATION REQUIRE AMENDMENT (1 of 3)	NHCAR Part Ins 1808.03 (g) (1)	Changes in the board of directors, officers, managing or general partners, administrators or trustees and managers which affect the management of the CCRC. The CCRC shall file notarized biographical affidavits by these individuals with the commissioner for review by the Exams Division at the time the CCRC submits an amended disclosure statement;	YES: NO: PG # / IF NO:
CHANGES IN OPERATION REQUIRE AMENDMENT (2 of 3)	NHCAR Part Ins 1808.03 (g) (2)	Any new or additional mortgages, liens, security interests, loan commitments, long-term financing arrangements or leases, which materially affects the real property of the CCRC. The CCRC shall file a copy of all pertinent documents evidencing the transactions with the commissioner at the time the CCRC submits an amended disclosure statement; and	YES: NO: PG # / IF NO:
CHANGES IN OPERATION REQUIRE AMENDMENT (3 of 3)	NHCAR Part Ins 1808.03 (g) (3)	Other material changes in the financial or factual information contained in the disclosure statement or any statement in support of the CCRC's original application for a certificate of authority. The CCRC shall file explanatory material and copies of pertinent documents concerning the material changes with the commissioner at the time the CCRC submits an amended disclosure statement.	YES: NO: PG # / IF NO:
NAME AND TYPE OF ORGANIZATION	RSA 420-D:4 II(a)	The name of the organization and whether it is for profit, and whether it is a partnership, corporation, or other type of organization.	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (FINANCIAL EXAMS TO REVIEW)(1 of 11)	RSA 420-D:4 II (b)	For all officers, trustees, investors, and owners with more than 5 percent ownership and for the facility manager:	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (FINANCIAL EXAMS TO REVIEW) (2 of 11)	RSA 420-D:4 II(b)(1)	Name, address and amount of ownership.	YES: NO: PG # / IF NO:

OFFICERS, TRUSTEES, INVESTORS AND OWNERS(FINANCIAL EXAMS TO REVIEW)(3 of 11)	RSA 420-D:4 II(b)(2)	Responsibility and relationship to the facility.	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (4 of 11)(FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II(b)(3)	Previous experience with similar facilities.	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (5 of 11)(FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II(b)(4)	Previous business experience	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (6 of 11)(FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II(b)(5)	Any felony convictions against such person in any jurisdiction.	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (7 of 11)(FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II (b)(6)	Any court orders or injunctive relief against such person.	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (8 of 11)(FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II (b)(7)	Relationships with other nursing homes or like communities.	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS(9 of 11)(FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II(b)(8)	Previous bankruptcies or financial actions against such person.	YES: NO: PG # / IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (10 of 11)(FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II (b)(9)	Relationship with any supplier or potential supplier of services.	YES: NO: PG # /IF NO:
OFFICERS, TRUSTEES, INVESTORS AND OWNERS (11 of 11)(FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II (b)(10)	Supplies or materials of any kind contributed or sold to the provider.	YES: NO: PG # / IF NO:
RELATIONSHIP WITH RELIGIOUS CHARITABLE OR NON PROFITS	RSA 420-D:4 II (c)	The provider's relationship with any religious, charitable, or nonprofit organization and the extent of such organization's financial responsibilities to the provider or to residents.	YES: NO: PG # / IF NO:

PROVIDER NON PROFIT OR TAX EXEMPT	RSA 420-D:4 II (d)	Whether the provider claims to be nonprofit or tax exempt.	YES: NO: PG # / IF NO:
LOCATION	RSA 420-D:4 II (e)	The location and description of the facility and, if it is proposed or incomplete, the estimated completion date, status of construction, and any contingencies on that completion date.	YES: NO: PG # / IF NO:
SERVICES	RSA 420-D:4 II (f)	Those services to be provided by the facility under basic contract and those at extra cost.	YES: NO: PG # / IF NO:
OTHER LOCATIONS	RSA 420-D:4 II (g)	All locations where services are to be provided, if different from the main facility.	YES: NO: PG # / IF NO:
ENTRANCE FEES AND PERIODIC PAYMENTS	RSA 420-D:4 II (h)	All entrance fees and periodic payments required of residents and a description of all policies and conditions for refund or return of these fees and payments.	YES: NO: PG # / IF NO:
	RSA 420-D:4 II (i)	When and how periodic payments may be changed by the facility.	YES: NO: PG # / IF NO:
RESERVES, ESCROWS, TRUSTS	RSA 420-D:4 II (j)	Provisions of the provider for reserve funding, escrows, and trusts and investment of these funds.	YES: NO: PG # / IF NO:
FINANCIAL STATEMENTS (FINANCIAL EXAMS TO REVIEW)	RSA 420-D:4 II (k)	Financial statements audited by a certified public accountant	YES: NO: PG # / IF NO:
NEW FACILITY REQUIREMENTS	RSA 420-D:4 II (l)	New Facility or addition to Facility requirements if the facility has not yet begun operating. If not begun operating refer to RSA 420-D:4 II (l) (1-15), RSA 420-D:7 I (c) & (d), RSA 420-D:2, and NHCAR Part Ins 1808.02(c)	YES: NO: PG # / IF NO:

SECTION 3 RESIDENT CONTRACTS

CONTRACTS WITH RESIDENTS	RSA 420-D:12 I	Each contract between a provider and a resident shall:	YES: NO: PG # / IF NO:
READABILITY	RSA 420-D:12 I (a) NHCAR Part Ins 1808.01(a)(9)	Be written in plain, non-technical language. Must contain an index.	YES: NO: PG # / IF NO:
VALUE OF SECURITIES, REAL PROPERTY OR OTHER GOOD IN LIEU OF CASH.	RSA 420-D:12 I (b)	Cover only one resident, or 2 if sharing the same unit, and shall include the total amount transferred by the resident, or on behalf of the resident, to the provider. If securities or real or personal property are transferred to the provider instead of cash, the provider shall describe exactly the securities, property, or other goods transferred and the market value of securities or the professional appraised value of property or goods as of the date they were tendered.	YES: NO: PG # / IF NO:
SERVICES INCLUDED, AND EXTRA SERVICES FEE SCHEDULE	RSA 420- D:12 I (c)	State specifically and in full detail all services and items to be provided to the resident including the locations where services and items will be provided, the duration of such services, and how often they are to be provided. The contract shall also describe which services or items are included in the agreement for continuing care and which services or items will be made available by the provider at an extra cost to the resident.	YES: NO: PG # / IF NO:
TERMS OF TERMINATION OR EVICTION	RSA 420- D:12 I (d)	State the conditions upon which the provider may evict a resident or terminate the contract for continuing care and the conditions upon which a resident may terminate his or her residency or terminate the contract for continuing care. A statement as to what portion of the entrance fee shall be returned under each condition shall also be included in accordance with RSA 420-D:12, II.	YES: NO: PG # / IF NO:

RESIDENCY CONDITIONS	RSA 420- D:12 I (e)	Describe conditions required for a person to continue as a resident.	YES: NO: PG # / IF NO:
DELIQUENCY	RSA 420- D:12 I (f)	Describe any conditions under which a person delinquent in his or her periodic payments may remain and if there is a specific time limit.	YES: NO: PG # / IF NO:
CHANGE IN OCCUPANCY	RSA 420- D:12 I (g)	State the entrance fees and periodic payment changes that may occur if a resident marries or if a spouse joins a resident in a living unit. It shall also state the fee changes that may occur if either one of the 2 people who occupy the same living unit dies or otherwise leaves that living unit.	YES: NO: PG # / IF NO:
CANCELLATION 30 DAY NOTICE – 2 DOCTORS	RSA 420- D:12 I (h)	Describe the terms and conditions under which a provider or a resident may cancel an agreement for continuing care. The contract shall also state that a minimum of 30 days' notice of cancellation must be given, except that a written medical finding by 2 doctors that a resident is a danger to himself or others shall require only reasonable notice.	YES: NO: PG # / IF NO:
CANCELLATION DUE TO DEATH OR DEPARTURE	RSA 420- D:12 I (i)	Describe in clear detail all the terms under which a contract is cancelled upon the departure or death of a resident.	YES: NO: PG # / IF NO:
ENTRANCE FEE BASIS	RSA 420- D:12 I (j)	State the basis upon which the entrance fees are earned by the provider at the death of a resident, what portion, if any, shall be turned over to the estate of the resident, and the formula for calculating all amounts earned by the provider.	YES: NO: PG # / IF NO:
60 DAY NOTICE OF CHANGE IN PERIODIC PAYMENTS	RSA 420- D:12 I (k)	Describe the conditions under which periodic payments may change. The contract shall state that a 60-day notice is required before a change in periodic payments shall take effect, except those periodic payments required by federal or state assistance programs.	YES: NO: PG # / IF NO:
LUMP SUM PAYMENTS	RSA 420- D:12 I (l)	State that periodic payments for care paid in a lump sum shall not be changed during the period covered, unless the resident is receiving federal or state assistance and the change is mandated by those programs.	YES: NO: PG # / IF NO:

FREE LOOK	RSA 420- D:12 I (m)	Provide a period of 10 days during which a prospective resident may cancel a contract and have his deposit returned and that there is no requirement to move in during those 10 days.	YES: NO: PG # / IF NO:
REFUND WITHIN 10 DAYS	RSA 420- D:12 I (n)	Provide that, within the 10 days under subparagraph (m), the provider shall make a full refund of all money, securities, goods, or property tendered by the prospective resident, except for any non-refundable initial application fee that does not exceed one month's periodic charges and any payments for actual services or goods provided to the prospective resident.	YES: NO: PG # / IF NO:
TRANSFER	RSA 420- D:12 I (o)	Describe under what conditions a resident may be transferred to another living unit or another part of the facility together with the financial adjustments to be made as a result of such changes.	YES: NO: PG # / IF NO:
REFUND IN CASE OF DEATH OR MEDICAL INCAPACITY	RSA 420- D:12 I (p)	Provide for full refund, except any initial non-refundable application fee of less than one month's periodic payment, if, before occupancy, death occurs or if there is a medically certified incapacity to move in.	YES: NO: PG # / IF NO:
CANCELLATION	RSA 420- D:12 II (a)	No contract issued pursuant to this section shall allow dismissal of a resident prior to the end of a contractual period, except for just cause in written form or if 2 doctors, one of whom is not an employee or associated with the facility, find that the resident is a danger to himself or to others. In such cases, the minimum refund shall be the unearned portion of the entrance fee in the contract with the resident.	YES: NO: PG # / IF NO:
APPEAL TO INSURANCE COMMISSIONER	RSA 420- D:12 II (b)	(b) The commissioner or his designee shall intervene prior to a dismissal if so requested by the resident. If the commissioner finds that a resident is being or has been unjustly dismissed, he may, in his capacity as the intervenor, order the return of the entire entrance fee or take any other necessary action on behalf of a resident.	YES: NO: PG # / IF NO:

RESIDENT CONTRACT STANDARDS	NHCAR Part Ins 1808.02 (a)	All contracts between a CCRC and a resident shall be executed on a form which has been previously approved by the commissioner. To obtain approval for the contract form, the CCRC shall provide the commissioner, via email, with a copy of the proposed contract form in PDF format and a cover letter. The cover letter shall provide a brief description of the main features of the contract form. When the contract forms are submitted, the CCRC shall also submit to the commissioner the fee required by Ins 1809.	YES: NO: PG # / IF NO:
NOTICE OF RESCISSION (1 of 7)	NHCAR Part Ins 1808.02(b)	Each contract with resident shall have attached a separate page notifying prospective resident of their right to rescind the contract	YES: NO: PG # / IF NO:
NOTICE OF RESCISSION (2 OF 7)	NHCAR Part Ins 1808.02(B)(1)	The notice shall indicate the date the rescission period begins;	YES: NO: PG # / IF NO:
NOTICE OF RESCISSION (3 of 7)	NHCAR Part Ins 1808.02(b)(2)	The notice shall include a statement to the effect that the prospective resident may rescind and terminate his or her contract or agreement, without penalty or forfeiture, within 10 days of the date the rescission period begins	YES: NO: PG # / IF NO:
NOTICE OF RESCISSION (4 of 7)	NHCAR Part Ins 1808.02(b)(3)	The notice shall include a statement that the prospective resident is not required to move into the CCRC before the expiration of the 10 day rescission period and that no other agreement or statement signed by the prospective resident shall constitute a waiver of the right to rescind the contract or agreement within the 10 day rescission period	YES: NO: PG # / IF NO:
NOTICE OF RESCISSION (5 of 7)	NHCAR Part Ins 1808.02(b)(4)	The notice shall include instructions advising the prospective resident who wishes to rescind his contract or agreement	YES: NO: PG # / IF NO:
NOTICE OF RESCISSION (6 of 7)	NHCAR Part Ins 1808.02(b)(4) b.	Such notice to the CCRC must be sent electronically or mailed to the business address of the CCRC not later than midnight of the date of the last day for rescission, as specified on the notice by the CCRC; and	YES: NO: PG # / IF NO:

<p>NOTICE OF RESCISSION (7 OF 7)</p>	<p>NHCAR Part Ins 1808.02(b)(5)</p>	<p>The notice shall include a form that the prospective resident can use to notify the CCRC that the prospective resident is canceling the contract or agreement, as permitted by the notice of the right to rescind. This form shall include a line where the prospective resident may place his signature and write in the date of signature.</p>	<p>YES: NO: PG # / IF NO:</p>
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<p>AMENDMENTS - VARIABILITY STATEMENT – PRINT TYPE</p>	<p>NHCAR Part Ins 1808.02(c-g)</p>	<p>(c) Each contract shall set forth the terms and conditions governing the return of the resident's entrance fee. The contract shall control when the entrance fee shall be returned to the resident, except as provided in (d).</p> <p>(d) For contracts entered into after the 2015 effective date of this rule, if hardship exists, the entrance fee, if any, based on the terms of the contract, shall be returned as follows:</p> <p>(1) No later than 12 months from the date of the termination if the CCRC is at 80% or greater occupancy; or</p> <p>(2) No later than 24 months from the date of the termination if the CCRC is at less than 80% occupancy.</p> <p>(e) For purposes of this section "hardship" means:</p> <p>(1) A change in circumstances that has necessitated the termination of the contract between the resident and the CCRC; and</p> <p>(2) The resident, as a result of a change in circumstances, cannot obtain acceptable living accommodations or health care services from the CCRC; and</p> <p>(3) The resident cannot otherwise pay for such necessary room, board or health care services outside the CCRC without a return of the entrance fee under the terms of the contract.</p> <p>(f) For the purposes of paragraph (e), "acceptable living accommodations" means living arrangements that:</p> <p>(1) Are within the financial means of the resident;</p> <p>(2) Provide for needed health care services, including mental health services; and</p> <p>(3) Respect and reflect the right of the resident to self-determination, dignity, religious affiliations, freedom of association, and other personal interests as those interests are described in patient and senior citizens' bill of rights laws such as RSA 151:21 and RSA 161-M:3.</p> <p>(g) Contracts subject to paragraph (d) shall state that in the event of a dispute as to the existence of hardship, the CCRC shall provide the resident with a written notice stating the grounds for its denial, and shall include the following statement: "We will of course, be available to you to discuss the position we have taken. Should you, however, wish to take this matter up with the New Hampshire Insurance Department, it maintains a consumer service division to investigate resident complaints at 21 South Fruit Street, Suite 14, Concord, New Hampshire 03301. The New Hampshire Insurance Department may be reached, toll-free, by dialing 1-800-842-3416."</p>	
	<p>NHCAR Part Ins 1808.02(i)</p>	<p>The CCRC shall submit to the commissioner for approval any revision(s) or amendment(s) to an approved contract form</p>	<p>YES: NO: PG # / IF NO:</p>

	NHCAR Part Ins 1808.02(j)	When submitting either a proposed contract form, amendments or revisions to a contract form to the commissioner for approval, the CCRC shall in a supplement to the cover letter, list every instance where the contract form will use variable language.	YES: NO: PG # / IF NO:
	NHCAR Part Ins 1808.02(k)	All contracts with residents shall be printed in 10-point type or larger and shall be prepared in a manner to ensure legibility and ease of reading.	YES: NO: PG # / IF NO:
SIGNATURES	NHCAR Part Ins 1808.02(l)	A valid and binding contract with a resident shall be signed by the CCRC and each resident who is admitted to the CCRC. An authorized representative may sign the contract with resident on behalf of either party.	YES: NO: PG # / IF NO:
OPTIONAL SERVICES AND PRODUCTS PRICE LIST AND SIGNATURES	NHCAR Part Ins 1808.02(m)	If the resident has agreed to purchase, at an additional price, optional products or services beyond those included in the entrance and periodic fees, a separate page shall be attached specifying the product or service purchased, and the cost of each including any installation charge. Each such separate page shall be executed (signed) by the parties identified in paragraph (f).	YES: NO: PG # / IF NO:
CONTRACT DISTRIBUTION	NHCAR Part Ins 1808.02(n)	The contract with resident shall be distributed as follows:	YES: NO: PG # / IF NO:
CONTRACT AS APPENDIX TO DISCLOSURE STATEMENT	NHCAR Part Ins 1808.02(n)(1)	A copy of the current contract with resident form shall be attached as an appendix to each disclosure statement or amended disclosure statement filed with the commissioner;	YES: NO: PG # / IF NO:
CONTRACT ATTACHED TO DISCLOSURE STATEMENT AND GIVEN TO PROSPECTIVE RESIDENT	NHCAR Part Ins 1808.02(n)(2)	A copy of the current contract with resident form shall be attached to each disclosure statement given to a prospective resident, unless the individual previously received a disclosure statement with a current contract with resident form attached thereto;	YES: NO: PG # / IF NO:
	NHCAR Part Ins 1808.02(n)(3)	A copy of the current contract with resident form may be given to current residents; and	YES: NO: PG # / IF NO:

CONTRACT AS APPENDIX TO DISCLOSURE STATEMENT	NHCAR Part Ins 1808.02(n)(4)	If a contract with resident form is not attached to the disclosure statement, as authorized under paragraph (2) above, a separate page shall be attached stating that a copy of the contract with resident form was omitted.	YES: NO: PG # / IF NO:
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CCRC Contact's Name: _____

E-mail: _____

Telephone number: _____

Fiscal Year: _____

New Hampshire Insurance Department CCRC Notes:

Statute Link (RSA 420-D) <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-420-D.htm>

Regulation Link (NHCAR PART INS 1808) http://www.gencourt.state.nh.us/rules/state_agencies/ins1800.html

Certificate of Compliance and Readability not required for CCRC

Disclosure statement and residency agreements are reviewed by L&H Division.

All CCRC financial statements go to Exams Division for approval.

Biographical affidavits can be found at: <http://www.nh.gov/insurance/companies/ccrc.htm> Exams Division reviews.

Annual Reports as per [RSA 420-D:7](#) and [NHCAR Part Ins 1804.01](#) are due annually, on or before March 15 to the Exams Division