TDI | Texas Department of Insurance

Figure 28 TAC §3.3837(b)

Rescission Reporting Form for Long-Term Care Policies for the State of Texas

Due: No later than June 30 annually for the preceding calendar year

Company NAIC Number: _____ **For the Reporting Year of:** _____

Company Name: _____

Company Address: _____

City: _____ **State:** _____ **ZIP:** _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone Number: _____

Instructions:
The purpose of this form is to report all rescissions of long-term care insurance policies or certificates for the preceding calendar year. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance MM/DD/YYYY	Date(s) Claim(s) Submitted MM/DD/YYYY	Date of Rescission MM/DD/YYYY

Detailed reason for rescission (1,000 character limit):

_____

Submission Date: _____

Print Form Submit By Email