

**Additional Continuing Care forms
adopted by reference under Section 33.8**

CCRC Form 1 (FIN382)--Application for certificate of authority to do business in the State of Texas under Health and Safety Code Section 246.022;

CCRC Form 2 (FIN383)--Application for Commissioner approval to release excess loan reserve escrow fund amounts under Health and Safety Code Section 278.078;

CCRC Form 3 (FIN384)--Officers and directors page;

CCRC Form 4 (FIN385)--Biographical data form;

CCRC Form 4a (FIN386)--Biographical data form for not-for-profit CCRC board members;

CCRC Form 5 (FIN387)--Delivery of disclosure statement;

CCRC Form 6 (FIN388)--Format for disclosure statement for continuing care facility;

CCRC Form 7 (FIN390)--Change of control statement for CCRC;

CCRC Form 8 (FIN391)--Certification of changes to disclosure statement;

CCRC Form 10 (FIN393)--Notice of request to release funds from the reserve fund escrow account;

CCRC Form 11 (FIN394)--Notice by provider of re-payment of previously released funds to the reserve fund escrow account;

CCRC Form 12 (FIN395)--Affidavit of re-payment of previously released funds to the reserve fund escrow account;

CCRC Form 13 (FIN396)--Notice of lien;

CCRC Form 14 (FIN397)--Calculations concerning conditions;

**Application for certificate of authority to do business in the State of Texas under
Health and Safety Code Section 246.022**

(CCRC form 1)

(Name of Provider)

(Complete Mailing Address of Provider)

(Date)

TO THE COMMISSIONER OF INSURANCE OF THE STATE OF TEXAS:

On behalf of _____
doing business as (dba) _____
which facility is located at _____
in _____

(City) (State) (Zip Code)

We hereby apply for a certificate of authority authorizing provider of said facility to be licensed as a Continuing Care Facility in the State of Texas in compliance with Section 246.022 of the Health and Safety Code and the Rules promulgated by the State Board of Insurance.

TYPE OF CORPORATION

Profit () Non-Profit ()

Federal Employer ID Number _____

CONTROL OF THE PROVIDER

List the person(s) who possess control, directly or indirectly, through one of the following:

- (1) The power to direct or cause the direction of the management and policies of the Provider.

(If additional space is needed, please attach separate page.)

Any questions concerning this application should be directed to:

_____ (Name)

at

_____ (Complete Mailing Address) (Phone Number)

The Filing Fee of \$ _____ is enclosed.

We _____ as _____ and

(Corporate Officer)

(Title)

as

of

(Corporate Officer)

(Title)

do

(Provider)

hereby certify that to the best of our knowledge and belief, the application for certificate of authority presented consists of all items required by the Rules governing said facility and is true, accurate

(Officer's Signature)

*

(Officer's Signature)

STATE OF

COUNTY OF

Subscribed and sworn to be the said affiants on _____ day of _____ 20____
the _____

Signature of Notary

(Notary Seal)

My Commission Expires: _____

Notary's Printed Name

*Must be signed by appropriate officers of Provider.

Submit this form and any attachments by [email to CLRfilings@tdi.texas.gov].

**Application for Commissioner approval to release excess loan reserve escrow fund
amounts under Health and Safety Code Section 278.078
CCRC form 2**

Date that amount is requested to be released:

Note: Release date may not be sooner than 60 days
from date application filed with the Texas Dept of
Insurance (TDI)

_____ (date)

Amount requested to be withdrawn:

\$ _____

Balance of loan reserve fund escrow at application date:

\$ _____

Amounts previously withdrawn from loan reserve fund
escrow under Section 246.078(a) and not repaid:

\$ _____

ATTACH THE FOLLOWING:

1. Copy of loan reserve fund escrow agreement.
2. Copy of all financing arrangements for constructing, purchasing, leasing, renovating, and/or operating the facility.
3. Schedule of required outstanding payments and due dates under each and every financing arrangement for constructing, purchasing, leasing, renovating and/or operating the facility.
4. Copy of documents otherwise supporting the construction, purchase, lease, renovation and/or operation of the facility.
5. A statement attesting whether payments are current under each and every financing arrangement and if not, what amounts are overdue for what period of time.
6. Monthly pro forma balance sheets, income statements, and statements of cash flow projecting the date(s) of re-payments of funds advanced from loan reserve escrow back into escrow. If financing arrangements are settled in full, item #6 not required.
7. Attached affidavit from escrow agent.

The application must be submitted at least 60 days prior to the date that the release of funds from the loan reserve fund escrow account is requested. Submit this form and any attachments by [email to CLRFilings@tdi.texas.gov]

Affidavit from Escrow Agent

I, _____ as an officer/representative of the
(full legal name)
escrow agent, _____ for
(escrow agent)

_____ attest that a balance of _____
(provider)
is maintained in the loan reserve fund escrow account with \$ _____
previously withdrawn under Section 246.078(a), Health and Safety Code.

The amount of \$ _____ has been requested to be released by
_____ under §246.078(c), Health and Safety
(provider)
Code, which released is subject to approval of the Commissioner of Insurance, State of Texas.

Signed: _____
(escrow agent)

Date: _____

STATE OF _____

COUNTY OF _____

_____ day of _____ 20____

Sworn to and subscribed before me on
the _____

(Notary Seal)

Signature of Notary

Notary's Printed Name

My Commission Expires: _____

**Officers and directors page
(CCRC form 3)**

(Name of Provider)	(Address)
(Name of Company)	(Address)

Complete all items and each column by listing ALL CURRENT OFFICERS and DIRECTORS, TRUSTEES or PARTNERS of the Company.

OFFICERS **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE	DATE FIRST APPOINTED OR ELECTED
		President	
		Vice-President	
		Secretary	
		Treasurer	

DIRECTORS/TRUSTEE/ PARTNERS **(List Full Name)	*SOCIAL SECURITY NUMBER	TITLE (Director, Trustee, Partner)	DATE FIRST APPOINTED OR ELECTED

(Continue on separate sheet if necessary)

On this day personally appeared _____, President;

_____ Secretary; _____ Treasurer

of _____, being persons known to me, and who each after being

duly sworn stated on his oath that the statements and representations contained in this form are true

and correct.

(President's signature)
signature)

(Secretary's signature)

(Treasurer's

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me on _____ day of _____ 20____
the _____

(Notary Seal) _____
Signature of Notary

Notary's Printed Name

My Commission Expires: _____

*Disclosure of Social Security Number is required under Texas Family Code §231.302.
Submit this form and any attachments by [email to CLRFilings@tdi.texas.gov].

**Biographical data form
CCRC form 4**

Full Name and Address of Continuing Care Retirement Community (CCRC):
(Do Not Use Group Names)

ATTACH ADDENDUM OR SEPARATE SHEET IF SPACE HEREON IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY. IF ANSWER IS "NONE" OR "NOT APPLICABLE," SO STATE. EACH QUESTION MUST BE ANSWERED AS INDICATED AND ORIGINAL SIGNATURES ARE REQUIRED.

1. Full Legal Name: _____
Residence Address: _____
Business Address: _____
Marital Status: _____

2. Have you ever had your name changed? _____
Reason for change: _____
Other names used at any time: _____

3. Date of Birth: _____ Place of Birth: _____

4. Social Security Number*: _____

5. Education: (List names of schools, locations and dates attended)
High School _____
College _____
Graduate or Professional Degrees: (List) _____

6. Member of professional societies or associations: (List) _____

7. Present or proposed position with applicant: _____

How long with this CCRC? _____

8. Complete Employment Record for Past 20 years: include jobs, positions, directorates or officerships.

Present employer may be contacted YES NO

Former employers may be contacted YES NO

9. How many shares of stock do you or your spouse own in the CCRC? _____
Are any such shares pledged as collateral? _____ If so, to whom?

10. Do you or your spouse own stock of 10% or more interest in any sole proprietorship, partnership, or corporation? _____ If so, list the name of the company or companies and the percentage of the total number of shares owned in each:

11. Are there any transactions anticipated between any sole proprietorship, partnership or corporation and the CCRC in which you may have a 10% interest? _____ If "Yes", briefly describe the transaction. _____

12. Have you or your spouse ever been associated with any other CCRC or insurance company? _____ If so, please explain in detail. _____

13. Have you or your spouse ever been adjudicated as bankrupt? _____ If so, please explain in detail.

14. Have you ever been indicted or convicted for embezzlement, theft or larceny, mail fraud, or for any other criminal offense, or for violating any corporate securities statute or any insurance law, or have you been the subject of a cease and desist order of any federal or state securities regulatory agency? _____ If so, please explain in full detail:

15. Have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has such a license ever been suspended or revoked? _____ If so, explain in full detail:

16. Have you ever been in any way connected with, or financially interested in, any CCRC or insurance company which became insolvent or was placed under supervision or in receivership or conservatorship while you were affiliated with it or at any time thereafter? _____ If so, please explain in detail:

17. Have you or your spouse ever been licensed as an insurance agent? _____ If so, where and when? _____

18. Have you or your spouse ever had a license to sell securities or real estate? _____ If so, where and when? _____ Has such a license ever been suspended, denied, cancelled or revoked? _____ If so, please explain in detail:

19. Have you ever been in a position which required a fidelity bond? _____

What position? _____ Were any claims made on the bond? _____ If so, please furnish details:

20. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? _____ If so, please explain in detail:

21. Have you ever been connected in any way with a CCRC or insurance company which was placed under a Show Cause or was cited for any violations by any State Insurance Department? _____ If so, furnish details, including name and location of the company and the charges.

22. Have you ever been connected in any way with any sole proprietorship, partnership, corporation or other entity which has been cited for violations or was subject to disciplinary action by any state or federal regulatory body? _____ If so, furnish details:

23. Are you now, or have you been, within the past five years, a plaintiff or defendant in any lawsuit? _____ If so, please furnish details: _____

I FULLY UNDERSTAND THAT THE INFORMATION HEREINBEFORE FURNISHED IN SUBJECT TO THE PENALTIES PROVIDED BY ARTICLE 21.47 OF THE TEXAS INSURANCE CODE.

Dated _____

(Signature)

Disclosure of Social Security Number is required under Texas Family Code §231.302.

Submit this form and any attachments by [email to CLRfilings@tdi.texas.gov].

[NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

*With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the TDI division that maintains the information you want TDI to correct, send your request for correction to RecordCorrections@tdi.texas.gov, or visit the *Correcting Incorrect Information* page of TDI's website at <https://www.tdi.texas.gov/commissioner/legal/lccorprc.html>]*

**Biographical data form
for not-for-profit CCRC board members
CCRC form 4a**

NOTE: This form is for any person serving as a board member for a not-for-profit Continuing Care Retirement Community who receives no compensation for his or her service on the board (other than reimbursement for actual expenses in attending board meetings), who has no financial interest in the CCRC, and who has no other financial interests that could be construed as a conflict of interest, or who does not own shares of stock nor have a spouse which owns shares of stock in the CCRC.

Full Name and Address of Continuing Care Retirement Community (CCRC):
(Do Not Use Group Names)

ATTACH ADDENDUM OR SEPARATE SHEET IF SPACE HEREON IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY. IF ANSWER IS "NONE" OR "NOT APPLICABLE," SO STATE. EACH QUESTION MUST BE ANSWERED AS INDICATED AND ORIGINAL SIGNATURES ARE REQUIRED.

1. Full Legal Name: _____
Residence Address: _____
Business Address: _____
Marital Status: _____

2. Have you ever had your name changed? _____
Reason for change: _____
Other names used at any time: _____

3. Date of Birth: _____ Place of Birth: _____

4. Present or proposed position with applicant: _____
How long with this CCRC? _____

5. Complete Employment Record for past 5 years: include jobs, positions, consulting contracts, directorates or officerships: _____

6. Have you or your spouse ever been associated with any other CCRC or insurance company? _____ If so, please explain in detail. _____

7. Have you ever been indicted or convicted for embezzlement, theft or larceny, mail fraud, or for any other criminal offense, or for violating any corporate securities statute or any insurance law, or have you been the subject of a cease and desist order of any federal or state securities regulatory agency? _____ If so, please explain in full detail.

8. Have you ever been in any way connected with, or financially interested in, any CCRC or insurance company which became insolvent or was placed under supervision or in receivership or conservatorship while you were affiliated with it or at any time thereafter? _____ If so, please explain in detail.

9. Have you or your spouse ever had a license to sell securities or real estate? _____ If so, where and when? _____ Has such a license ever been suspended, denied, cancelled or revoked? _____ If so, please explain in detail.

10. Have you ever been connected in any way with a CCRC or insurance company which was placed under a Show Cause or was cited for any violations by any State Insurance Department? _____ If so, furnish details, including name and location of the company and the charges.

11. Have you ever been connected in any way with any sole proprietorship, partnership, corporation or other entity which has been cited for violations or was subject to disciplinary action by any state or federal regulatory body? _____ If so, furnish details.

12. Are you now, or have you been, within the past five years, a plaintiff or defendant in any lawsuit? _____ If so, please furnish details. _____

I FULLY UNDERSTAND THAT THE INFORMATION HEREINBEFORE FURNISHED IN SUBJECT TO THE PENALTIES PROVIDED BY ARTICLE 21.47 OF THE TEXAS INSURANCE CODE.

Dated _____

(Signature)

Submit this form and any attachments by [email to CLRFilings@tdi.texas.gov].

[[NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the TDI division that maintains the information you want TDI to correct, send your request for correction to RecordCorrections@tdi.texas.gov, or visit the Correcting Incorrect Information page of TDI's website at <https://www.tdi.texas.gov/commissioner/legal/lccorprc.html>]

**Delivery of disclosure statement
CCRC form 5**

I (we) hereby declare that I (we) have received a current disclosure statement from
_____ dated _____ and
numbered 1 through _____ prior to executing this Residency Agreement.

DATE SIGNED: _____

(Resident or Legal Representative)

(Resident or Legal Representative)

Format for disclosure statement for continuing care facility
CCRC form 6

FORMAT:

NAME OF FACILITY

DISCLOSURE STATEMENT

DATE

THE DELIVERY OF THIS DISCLOSURE STATEMENT TO A CONTRACTING PARTY BEFORE THE EXECUTION OF A CONTRACT FOR THE PROVISION OF CONTINUING CARE IS REQUIRED BY ARTICLE 8876, TEXAS CIVIL STATUTES. HOWEVER, THIS DISCLOSURE STATEMENT HAS NOT BEEN APPROVED BY ANY GOVERNMENT AGENCY OR REPRESENTATIVE TO ENSURE ACCURACY OF THE ENCLOSED INFORMATION.

Disclosure Statement

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Page No.

Name, address, and type of legal entity

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Anticipated Source and Application of Funds Statement

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NOTE: Nature and Format of Information in Disclosure Statement.

Information in the disclosure statement should be presented in a format that states the requirements of each specific subsection of Section 246.042-246.057 and the corresponding answer or response to the requirement.

Name, Address, and Type of Legal Entity

1. State the name and business address of the provider and a statement of whether the provider is a partnership, corporation, or other type of legal entity. If the provider is not an individual, include the names and business address of each officer, director, trustee, managing or general partner and any other person who has at least a 10 percent interest in the provider together with a description of that person's interest in or occupation with the partner.

Management Other Than Direct Employee of Provider

2. Indicate whether the facility will be managed on a day-to-day basis by a person other than an individual directly employed by the provider. If so, provide:
 - a. A description of any business experience in the operation or management of similar facilities that the person possesses;
 - b. The name and address of any professional service, firm, association, trust, partnership, or corporation in which the person has, or which has in that person, at least a 10 percent interest and that proposes to provide goods, leases, or services to the facility, or to residents of the facility, of an aggregate value of at least \$500 in any one year, including a description of the goods, leases or services, and their probable or anticipated cost to the facility, provider, or residents, or a statement that their cost cannot presently be estimated; and
 - c. A description of any matter in which the person has been convicted of a felony or pleaded nolo contendere to a felony charge, or has been held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property; or
 - d. Any matter in which the person is subject to an injunction or restrictive order of court of record, or has had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency if the order or action arose out of or was related to any business activity in a health care field, including actions affecting a license to operate a roster care facility, a nursing home, a retirement home, a home for the aged, or a facility subject to Chapter 246, Health and Safety Code or to a similar Act in another state.**

(DATE OF DISCLOSURE STATEMENT)

Affiliation & IRS Tax Exemption

3. State whether the provider is affiliated with a religious, charitable, or other nonprofit organization and describe the extent of that affiliation, if any. If the provider is affiliated with such an organization, explain the extent to which the organization is responsible for the financial and contractual obligation of the provider. Cite any provision of the Internal Revenue Code under which the provider or affiliate claims to be exempt from the payment of income tax.

Location & Description of Facility

4. State the location and a description of the physical property of the facility, either existing or proposed. If proposed, state the estimated completion date, whether construction was begun, and any contingencies under which construction may be deferred.

Services and Fees

5. Describe the services provided at the facility under a contract for continuing care, including the extent to which medical care is furnished, and must clearly describe which services are included for specified basic fees for continuing care and which are made available at extra charge. Include a description of all fees required of residents, including the entrance fee and any periodic charges.

Facility Policies

6. Facility Policies
 - a. State the facility's policy regarding changes in the number of people residing in the living unit, either because of marriage or other relationships, and a statement of the terms relating to the admission of a spouse to the facility and the consequences if the spouse does not meet the requirements for admission.
 - b. State the facility's policy regarding the circumstances under which a resident is permitted to remain in the facility in event of any financial difficulty of that resident.
 - c. State the conditions under which a contract for continuing care may be cancelled by the provider.
 - d. State the conditions, if any, under which all or part of the entrance fee is refundable on cancellation of the contract by the provider or by the resident, or in the event of the death of the resident before or during occupancy of a living unit.
 - e. State the conditions under which a living unit occupied by a resident may be made available by the facility to a different resident other than on the death of the previous resident.
 - f. State how the provider may adjust periodic charges or other recurring fees and any limitations on those adjustments.

(DATE OF DISCLOSURE STATEMENT)

Resident Qualifications

7. Describe the health and financial conditions required for acceptance as a resident and for continuation as a resident, including the effect of any change in the health or financial condition of an individual between the date of the contract for continuing care and the date of initial occupancy of a living unit by that individual.

Facility Reserve Funding

8. Describe any provisions made or to be made to provide reserve funding or security to enable the provider to fully perform its obligations under a contract to provide continuing care at the facility, including the establishment of escrow accounts, trusts, or reserve funds together with the way those funds will be invested, and the name and experience of any individual in the direct employment of the provider who will make the investment decisions.

Financial Statements

9. Attach as an exhibit, financial statements of the provider, including a balance sheet as of the end of the most recent fiscal year, statement of cash flow, and the provider's income statements for the three most recent fiscal years or, if the provider has not been in existence for that long, for the period that the provider has been in existence.

Anticipated Source and Application of Funds Statement

10. If operations of a facility have not yet begun, include a statement of the anticipated source and application of the funds to be used in the purchase or construction of the facility. The statement should contain the following:
 - a. an estimate of the cost of purchasing or constructing and equipping the facility, including costs such as financing expenses, legal expenses, land costs, occupancy development costs, and similar costs that the provider expects to incur or to become obligated to pay before operations begin;
 - b. a description of any mortgage loan or other long-term financing arrangement used for the financing of the facility, including the anticipated terms and costs of that financing;
 - c. an estimate of the total entrance fees to be received from, or on behalf of, residents before the operation of the facility begins; and
 - d. an estimate of any funds anticipated to be necessary to cover initial losses and to provide reserve funds to assure full performance of the obligations of the provider under a contract for the provision of continuing care.

(DATE OF DISCLOSURE STATEMENT)

Estimated Annual Income Statements

11. Attach as an exhibit, estimated annual income statements for the facility for period of not less than five years. The statement should contain the following:
- a. a beginning cash balance consistent with the statement of anticipated source and application of funds required under Subsection 246.052 of the Act if operation of the facility has not begun;
 - b. anticipated earnings on any cash reserves;
 - c. estimates of net receipts from entrance fees, other than entrance fees included in the statement of anticipated source and application of funds required under Subsection 246.052 of this section less estimated entrance fee refunds, including a description of the actuarial basis and method of calculation for the projection of entrance fee receipts;
 - d. an estimate of gifts of bequests, if any are relied on to meet operating expenses;
 - e. a projection of estimated income from fees and charges other than entrance fees that states individual rates presently anticipated to be charged and including a description of the assumptions used for calculating the estimated occupancy rate of the facility and the effect on the income of the facility of any government subsidies for health care services to be provided under the contract for continuing care;
 - f. a projection of the facility's estimated operating expenses, including a description of the assumptions used in calculating the expenses, and any separate allowance for the replacement of equipment and furnishings and anticipated major structural repairs or additions; and
 - g. an estimate of annual payments of principal and interest required by any mortgage loan or other lone-term financing arrangement relating to the facility.

Other Information

12. The provider may include in the disclosure statement any other material information concerning the facility or the provider that the provider wishes to include.

(DATE OF DISCLOSURE STATEMENT)

Required Standard Contract Language

13. Attach as an exhibit a copy of the standard contract form used by the provider. The standard contract form must contain the following language, "You may cancel this contract at any time prior to midnight of the seventh day after the date on which you sign this contract, or you receive the facility's disclosure statement, whichever occurs later. If you elect to cancel the contract, you must do so by written notice and you will be entitled to receive a refund of all assets transferred other than periodic charges applicable to your occupancy of a living unit. "The standard contract must also include a statement in boldfaced type as follows: "This document, if executed, constitutes a legal and binding contract between you and _____. You may wish to consult a legal or financial advisor before signing, although it is not required that you do so to make this contract binding."

[Sample Response: Refer to attached contract. Section _____]

Refund Prior to Occupancy

14. The standard residency contract shall contain language providing for automatic cancellation of the contract for continuing care and entitled to a refund of all money or property transferred to the provider, less any nonstandard cost specifically incurred by the provider or facility, at the request of the resident that are described in the contract or in an addendum to the contract signed by the resident, and a reasonable service charge, if set out in the contract, not to exceed the greater of \$1,000 or two percent of the entrance fee, if a resident dies before occupying a living unit in the facility, or if because of illness, injury, or incapacity, a resident would be precluded from occupying a living unit in the facility under the terms of the contract for continuing care.

[Sample Response: Refer to standard contract attachment.]

Advertising

15. No provider shall engage in any type of advertisement which contains any statements or representations in conflict with the disclosures required under Chapter 246, Health and Safety Code.

[Sample Response: The resident or prospective resident may examine the advertising material and the disclosures made in this statement.]

Submit this form and any attachments by [email to CLRFilings@tdi.texas.gov].

DATE OF DISCLOSURE STATEMENT)

**Change of control statement for CCRC
CCRC form 7**

NOTE: CONTENT AND FORMAT OF INFORMATION IN ACQUISITION STATEMENT FOR CCRC, INFORMATION IN THE ACQUISITION STATEMENT SHOULD BE PRESENTED IN A FORMAT THAT STATES THE REQUIREMENTS OF EACH SPECIFIC SECTION AND THE CORRESPONDING ANSWER OR RESPONSE TO THE REQUIREMENT. A RESPONSE MAY BE SUPPLIED BY REFERENCE TO A SPECIFIC NAMED ATTACHMENT. IF ANY ITEM IS INAPPLICABLE OR THE RESPONSE IS IN THE NEGATIVE, AN APPROPRIATE STATEMENT TO THAT EFFECT SHALL BE MADE IN THE PLACE FOR THE RESPONSE.

(a) Statement regarding the acquisition of control of a continuing care facility in possession of a certificate of authority doing business as _____ by _____ (name of applicant), filed with the Texas Department of Insurance, date: _____, 20____. Name, title, address, and telephone number of individual to whom notices and correspondence concerning this statement should be addressed:

(b) State the name and address of the facility to which this application relates and a brief description of how control is to be acquired.

(c) Identity and background of the applicant.

- (1) State the name and address of the applicant seeking to acquire control over the facility.
- (2) If the applicant is not an individual, state the nature of its business operations for the past five years or such lesser period as such person shall have been in existence.

- (3) Furnish chart or listing clearly identifying the interrelationships between the applicant and all affiliates of the applicant. If control of any person is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing, indicate the type of organization (e.g. corporation, trust, partnership).

(d) Identity and background of individuals associated with the applicant. State the following with respect to the applicant if he is an individual, and for all persons who are directors, executive officers or owners of 10 percent or more of the voting securities of the applicant if the applicant is not an individual:

- (1) full legal name and business address;
- (2) present principal business activity, occupation or employment including position and office held and the name, principal business and address of any corporation or other organization in which such employment is carried on;
- (3) material occupations, positions, offices or employments during the last five years, giving the starting and ending dates of each and the name, principal business and address of any business corporation or other organization in which each such occupation, position, office or employment was carried on, if any such occupation, position, office or employment required licensing by or registration, and an explanation of any surrender, revocation, suspension or disciplinary proceedings in connection therewith; and
- (4) whether or not such person has ever been convicted in a criminal proceeding (excluding minor traffic violation) during the last ten years and, if so, give the date, nature of conviction, name and location of court, and penalty imposed or other dispositions of the case.

(e) Nature, source and amount of consideration.

- (1) Describe the nature, source and amount of funds or other considerations used or to be used in effecting the acquisition of control.

(f) Future plans for the facility. Describe any plans or proposals which the applicant may have to liquidate such facility, to sell its assets to or merge it with any person or persons or to make any other material change in its business operations or corporate structure or management and any financial or employment guarantees given to present and contemplated management.

(g) Effect of transfer of control on current residents. Describe any agreements made or to be made with current residents which will amend the residency contracts at the

time of transfer of control. Describe any service or contractual obligation which will be reduced because of a change of control. State whether any residency council or the like has any objection which would cause a material number of residents to vacate their living units and impact the facility in a negative manner.

(h) Financial statements and exhibits.

- (1) Financial statements and exhibits shall be attached to this form as an appendix, but list under this subsection the financial statements and exhibits attached.
- (2) The financial statements shall include the annual financials of the applicant for the preceding five years (or such lesser period as such applicant and its affiliates and predecessors thereof shall have been in existence), and similar information covering the period from the end of the person's last fiscal year, if such information is available. Such statements shall be prepared on an individual basis. Unless exempted by the commissioner, the annual statements of the applicant shall be accompanied by the certificate of an independent public accountant, if available, to the effect that such statements present fairly the financial position of the applicant and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or other accounting principles prescribed or permitted under law or rule.

(i) Information unknown or unavailable. Information required need be given only insofar as it is known or reasonably available to the person filing the statement. If any required information is unknown and not reasonably available to the person filing, either because the obtaining thereof would involve unreasonable effort or expense, or because it rests peculiarly within the knowledge of another person not affiliated with the person filing, the information may be omitted, subject to the following:

- (1) The person filing shall give such information on the subject as he possesses or can acquire without unreasonable effort or expense, together with the sources thereof; and
- (2) The person filing shall include a statement either showing that unreasonable effort or expense would be involved or indicating the absence of any affiliation with the person within whose knowledge the information rests and stating the result of a request made to such person for the information.

(j) The provider shall prepare a written notice sworn to by an officer of the provider for each county where the provider has a facility. The notice must contain the name of the provider, the legal description of each facility of the provider, and a statement that the facility is subject to this chapter and the lien provided by this section. The provider shall file for record the notice in the real property records of each county where the provider has a facility

on or before the later of January 1, 1994, or the date of the execution of the first continuing care contract relating to the facility.

(k) Signature and certification. Signature and certification of the following form:

Corporation Certification

The _____ has caused this statement of change of control
(name of corporate applicant)
To be signed on its behalf in the County of _____ and State of
_____, on the _____ day of _____ 20_____.

(Name of Corporate Applicant)

(seal)

By: _____
(Name) (Title)

Attest:

(Signature of Officer)

(Title)

Submit this form and any attachments by [email to CLRFilings@tdi.texas.gov].

**Certification
of changes to disclosure statement**

CCRC form 8

I, _____ do certify that I am
(name)
an officer of _____ with the title of
(provider/facility)

(title)

I, furthermore certify that I am familiar with the statutes and rules governing Continuing Care Facilities, that I am responsible for the filings submitted to the Texas Department of Insurance in regards to the disclosure statement, and that I have personal knowledge of the submission of all items in regards to this disclosure statement. I further certify that the attached revisions, as indexed below, constitute the only changes, additions and deletions to the disclosure statement.

ATTACHED REVISIONS:

Description of Change

Subsection

Page No. and/or
Name of Attachment

(Signature)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Seal)

Signature of Notary

My commission expires: _____

Notary's Printed Name

Submit this form and any attachments by [email to CLRfilings@tdi.texas.gov].

**Notice of request to release funds
from the reserve fund escrow account
CCRC form 10**

NOTE: ANY PERSON ACTING AS AN ESCROW AGENT FOR A PROVIDER PURSUANT TO SECTION 246.077- 246.078 OF CHAPTER 246, HEALTH AND SAFETY CODE (ACT) AND THE RULES ADOPTED BY THE TEXAS DEPARTMENT OF INSURANCE MUST GIVE WRITTEN NOTICE TO THE TEXAS DEPARTMENT OF INSURANCE OF A PROVIDER'S REQUEST FOR RELEASE OF FUNDS HELD IN ESCROW NOT LATER THAN THE ELEVENTH DAY BEFORE THE DATE OF THE PROPOSED RELEASE TO THE PROVIDER.

I, _____ as an officer/representative of the escrow agent,
(Full Legal Name)

_____ for _____
(Escrow Agent) (Provider)

am aware of the requirements of Section 246.077 - 246.078 of the Act and of the Rules adopted by the Texas Department of Insurance. I hereby attest that

_____ has made a written request for release of funds from the
(Provider)

reserve fund escrow account and that the amount of such release is equal to not more than one-twelfth (1/12) of the required balance of the reserve fund escrow account. Therefore, I intend to release said funds on _____.
(Date)

Signed _____

Dated _____

Name of Provider: _____

Name of Facility: _____

Location of Facility: _____
(Street Address) (City) (State)

Escrow Agent's Business Address: _____
(Street Address) (City) (State)

This request for release of funds received on: _____
(Date)

Amount of requested release: \$ _____

Balance of escrow account or to release:

\$ _____

Prior request for release of funds received on:

_____ (Date)

Amount of prior release(s):

\$ _____

Balance(s) amount repaid from prior release

\$ _____

Submit this form and any attachments by [email to CLRFilings@tdi.texas.gov].

Notice by provider of re-payment of previously released funds to the reserve fund escrow account
CCRC form 11

Amounts previously released to the provider under §246.078, Health and Safety Code and not repaid.

\$		\$		\$
----	--	----	--	----

Date of releases:

--	--	--	--

Amount repaid: \$ _____ Date repaid: _____

Unpaid amount outstanding: \$ _____

Signed: _____
(Provider)

Date: _____

Attach Affidavit of Receipt of Funds Executed By Escrow Agent

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary

(Notary's Seal)

Notary's Printed Name

My commission expires: _____

**Affidavit of re-payment of previously released
funds to the reserve fund escrow account**

CCRC form 12

I, _____ as an officer/representative of the escrow agent,
(full legal name)
_____ for _____
(escrow agent) (provider)
attest that \$ _____ was received on _____ and deposited
(date)
in the loan reserve fund escrow account of the _____
(provider)
for _____ bringing the loan reserve fund escrow
(facility)
balance to \$ _____.

Signed (Escrow Agent)

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary's Seal)

Signature of Notary

Notary's Printed Name

My commission expires: _____

Notice of lien

CCRC form 13

I, _____ an officer representing _____
(Name of Officer) (Name of Provider)

have filed for record, a written notice with the county of _____ a legal description of each facility of the provider where the facility is located. The legal description of each facility located in the above-mentioned county is as follows:

I understand that _____ facility is subject to Chapter 246 of the Health
(Name of Provider)
and Safety Code and the lien provided by this section.

Signature of Officer

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on the _____ day of _____ 20 ____.

(Notary Seal)

Signature of Notary

My Commission Expires: _____

Notary's Printed Name

Calculations concerning conditions

CCRC form 14

Condition 1.

a. Number of living units currently under executed continuing care contracts:

b. Number of living units constructed or to be constructed:

c. 1 (a) divided by 1 (b) [1 (a) / 1 (b)]:

d. If 1 (c) is .500 (50%) or more, Condition 1 is met.
If 1(c) is less than .500 (50%), Condition 1 is not met.

Condition 2.

a. Aggregate entrance fees received (or receivable under binding contracts):

b. Anticipated proceeds or first mortgage or other long-term financing commitment:

c. Funds from other sources in the actual possession of the provider:

d. The sum of 2(a) through 2(c) [2(a) + 2(b) + 2(c)]:

Aggregate cost of constructing or purchasing, equipping, and furnishing the

e. i. facility:

ii. 90% (ninety percent) of item 2(e)(1) x .90

f. i. Funds estimated as necessary to cover initial losses of facility: \$

ii. 90% (ninety percent) of item 2(f)(1): x .90

g. i. Reserve fund escrow required to be maintained under \$246.077 \$

ii. 90% (ninety percent) of item 2(g)(1): x .90

h. The sum of 2(e)(ii) + 2(f)(ii) + 2(g)(ii):

j. 2(d) divided by 2(h) [2d/2h]:

k. If 2(j) is 1.00 (100%) or more, Condition 2 is met.
If 2(j) is less than 1.00 (100%), Condition 2 is not met.

\$ _____

\$ _____

\$ _____

\$ _____

x .90 _____

\$ _____

x .90 _____

\$ _____

x .90 _____

Condition 3.

A. A commitment had been received for permanent mortgage loan or long-term financing. Yes _____

AND

B. Any conditions of the commitment before disbursement of funds has been substantially satisfied (other than completions of construction or closing on purchase of facility) Yes _____

Condition 4.

A. If construction is NOT substantially complete Yes _____

i. All necessary government permits, or approvals have been obtained, AND Yes _____

ii. A maximum price contract has been entered between provider and general contractor, AND Yes _____

iii: A construction bond has been executed in favor of provider by a surety authorized in Texas, AND Yes _____

iv. Loan agreement has been entered into for interim construction loan which, when combined with entrance fees in escrow (THSC §§246-071-246.074), plus funds from other sources equals or exceeds estimated cost of construction, equipment, and furnishing, AND Yes _____

v. No less than 10% of construction loan has been disbursed by lender, AND Yes _____

vi. Orders at firm prices have been placed for not less than 50% of the value of items necessary for equipping and furnishing the facility. Yes _____

OR

B. Construction or purchase has been substantially completed, AND Yes _____

i. Occupancy permit has been issued, AND Yes _____

ii. If entrance fee applies to a living unit which has been previously occupied, unit is available for occupancy by new resident. Yes _____

Submit this form and any attachments by [email to CLRFilings@tdi.texas.gov].