



Texas Department of Insurance

Financial Regulation Division – Company Licensing and Registration Office, Mail Code 305-2C

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CCRC Form #10

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

NOTICE OF REQUEST TO RELEASE FUNDS FROM THE RESERVE FUND ESCROW ACCOUNT

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) _____ (Escrow Agent) for _____ (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 _____ (Provider) has made a written request for release of funds from the 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 prior to release: \$ _____

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

Amount of prior release(s): \$ _____

Balance(s) amount repaid from prior release \$ _____