

## **Provider Request for Release of Continuing Care in Residence Entrance Fee Escrow Funds**

(CCRC Form 14a)

Has the provider attached a list of resident names receiving care in residence who have escrow entrance fees subject to this request, with the amount requested for each resident?  Yes  No

Does the requested amount comply with the amortization schedule(s) in the continuing care in residence contract(s)?  Yes  No

Do the provider's assets exceed the actuarial present value of the expected cost of performing all remaining obligations to all residents under continuing care contracts?  Yes  No

Does the provider's operating ratio exceed 100 percent and the current ratio exceed 150 percent?  Yes  No

1. Provider's operating ratio (divide cash operating revenues by cash operating expenses):

a. Cash operating revenues:

\_\_\_\_\_

b. Cash operating expenses:

\_\_\_\_\_

c. Operating ratio (1.a. divided by 1.b.):

\_\_\_\_\_

2. Provider's current ratio (divide current assets, including current portion of restricted funds, by current liabilities):

a. Current assets (including current portion of restricted funds):

\_\_\_\_\_

b. Current liabilities:

\_\_\_\_\_

c. Current ratio (2.a. divided by 2.b.):

\_\_\_\_\_

**I confirm that:**

- I am authorized to file this request on behalf of:

\_\_\_\_\_  
 Name of provider:

\_\_\_\_\_  
 Address of provider:

- All statements, supporting forms, schedules, documents, and exhibits submitted in this request for release of entrance fee escrow funds are true and correct.

\_\_\_\_\_  
 Signature of provider's representative

\_\_\_\_\_  
 Printed name of provider's representative

**To be filled out by a notary public:**

**State of:** \_\_\_\_\_

**County of:** \_\_\_\_\_

Before me, notary public, on this day personally appeared \_\_\_\_\_,  
 Provider's representative's name

representative's name known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized seal)

\_\_\_\_\_  
 Notary public's signature

**Submit this form and any attachments by email to:** [FinancialAnalysis@tdi.texas.gov](mailto:FinancialAnalysis@tdi.texas.gov)

Texas Department of Insurance approval requires satisfying all conditions listed in 28 Texas Administrative Code Section 33.104(c).