TDI | Texas Department of Insurance

PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

Notice of Request to Release Entrance Fee Escrow Funds

(CCRC Form 9)

Any person acting as an escrow agent for a provider under Sections 246.071 - 246.076 of Chapter 246 of the Health and Safety Code 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 within three days of such request.

An escrow agent for a provider must not release continuing care in residence entrance fee escrow funds without prior approval from the Texas Department of Insurance under 28 Texas Administrative Code Section 33.104.

I, _____ as an officer/representative of the escrow agent,
Full legal name

_____ for _____
Escrow Agent Provider

am aware of the requirements of Sections 246.071 – 246.076 of Chapter 246 of the Health and Safety Code and of the rules adopted aby the Texas Department of Insurance in 28 Texas Administrative Code Chapter 33. I hereby attest that _____ has met all the requirements for the release of entrance fee
Provider
escrow account funds.

☐ **For continuing care at a facility:**

I intend to release said funds on _____
Date

☐ **For continuing care in residence:**

I understand that I cannot release continuing care in residence entrance fee escrow funds without TDI approval

Signature: _____

Date: _____

Name of Provider: _____

Name of Facility: _____

Location of facility

Street Address	City	State	ZIP

Escrow agent's business address

Street Address	City	State	ZIP

This request for release of funds on _____
Date

Amount of requested release: $_____

Balance of escrow account before release: $_____

_____

Submit this form and any attachments by email to: FinancialAnalysis@tdi.texas.gov.