

**Biographical Data Form For Not-For-Profit CCRC Board Member  
(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)

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**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 herein furnished is subject to the penalties provided by Article 21.47 of the Texas Insurance Code.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Your rights: You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code 113-1C), Austin, Texas 78711-2030.