

# Illinois Department of Insurance

## Suitability Reporting Form

Due June 30 Annually

For the Reporting Year:

Company Name:

Company Address:

Company NAIC Number:

Contact Person:

Phone Number:

### **Instructions**

The purpose of this form is to report all long term care activity related to the total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of applicants who chose to confirm after receiving a suitability letter.

1. Total number of applications received from residents of Illinois:
2. Number of applicants who declined to provide information on the personal worksheet:
3. Number of applicants who did not meet the suitability standards:
4. Number of applicants who chose to confirm after receiving a suitability letter: