

**DRAFT SWORN STATEMENT REGARDING CATEGORY ONE CLAIMS WHERE
THE CLASS ONE MEMBER DID NOT FILE A CLAIM IN WRITING AND WAS
ORALLY ADVISED THAT A CLAIM FOR COVERAGE OF A MANAGED
RESIDENTIAL COMMUNITY (“MRC”) STAY WOULD BE DENIED**

I, _____, being duly sworn, depose and state as follows:

1. I own, or previously owned, a Continental Casualty Company long-term care insurance policy, policy number _____ [insert policy number if known or leave blank].

OR I am the designated representative of current or former Continental Casualty Company long-term care insurance policyholder _____ [insert name of policyholder] who is or was the owner of policy number _____ [insert policy number if known or leave blank].

2. Between _____ and _____ [insert dates], _____ [insert “I” or name of policyholder] resided at _____ [insert name and address of MRC] and received care from an on-site Assisted Living Services Agency (“ALSA”).

3. _____ [insert “I” or name of policyholder] did not file a claim in writing with Continental Casualty Company, nor did _____ [insert “I” or name of policyholder] receive a written denial of the claim, for the stay at the MRC.

4. Instead, _____ [insert “I” or name of policyholder] asked a Continental Casualty Company representative orally whether _____ [insert “my” or name of policyholder] stay at the MRC would be covered by the policy.

5. _____ [insert “I” or name of policyholder] was personally told by a Continental Casualty Company representative on the telephone that stays for MRCs were not covered under the policy. _____ [insert “I” or name of policyholder] did not make a written claim for that reason.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ [day and month], 2016

in _____ [enter city and state where signed].

[signature]