

**DRAFT SWORN STATEMENT REGARDING CARE FROM A THIRD PARTY
PROVIDER AT A MANAGED RESIDENTIAL COMMUNITY (“MRC”)
(CATEGORY TWO CLAIMS)**

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]. _____ [insert “I” or name of policyholder] did not receive care from an on-site Assisted Living Services Agency (“ALSA”). Instead, _____ [insert “I” or name of policyholder] received care from the following third party care provider while residing in the MRC: _____ [insert name of third party care provider].

3. _____ [insert “I” or name of policyholder] would have engaged the on-site ALSA to provide services if Continental Casualty Company had approved rather than denied the claim for coverage of the stay at the MRC. Instead, _____ [insert “I” or name of policyholder] engaged the third party care provider only because it was less expensive than the ALSA services offered by the facility, and there were no reasons other than expense for this decision. Attached with this sworn statement are true and correct copies of all documents _____ [insert “I” or name of policyholder] retained (if any) relating to the expense of the ALSA.

4. During the period of time _____ [insert “I” or name of policyholder] resided at the Managed Residential Community, the _____ [insert “daily” or “monthly”] cost of the care received from the third party provider was \$_____. Attached with this sworn statement

are true and correct copies of all documents _____ [insert "I" or name of policyholder]
retained relating to the expense of the third party provider.

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]