

**DRAFT SWORN STATEMENT REGARDING CARE RECEIVED IN A PRIVATE
RESIDENCE (CATEGORY THREE 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. On or about _____ [insert date], _____ [insert "I" or name of policyholder] made a claim for benefits under the policy relating to a stay in a Connecticut Managed Residential Community ("MRC") served by an on-site Assisted Living Services Agency ("ALSA") for residents' care needs. That claim was denied, and _____ [insert "I" or name of policyholder] left (or never moved into) the MRC. Instead, _____ [insert "I" or name of policyholder] moved into (or remained in) a private residence, and received care from a third-party provider after the claim was denied.

3. _____ [insert "I" or name of policyholder] would have remained at (or moved into) the MRC and engaged the on-site ALSA to provide care services if Continental Casualty Company had approved rather than denied the claim. Instead, _____ [insert "I" or name of policyholder] moved into (or remained in) a private residence and engaged a third party care provider only because it was less expensive than residing at the MRC and engaging the on-site ALSA for care. 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 cost of residing at the MRC and engaging the on-site ALSA for care.

4. During the period of time _____ [insert I or name of policyholder] would have resided at the MRC if Continental Casualty Company had approved rather than denied the claim, the _____ [insert "daily" or "monthly"] cost of the care I 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]