

**SUITABILITY REPORTING FORM FOR
LONG-TERM CARE POLICIES.
REPORTING YEAR _____
STATE OF Washington
Due March 1st annually**

Company Name: _____

Address: _____

Phone Number: _____

NAIC Number: _____

Total number of applications received from residents of Washington State	
Number of applicants who declined to provide information on the Personal Worksheet	
Number of applicants who did not meet the Suitability Standards	
Number of those who chose to confirm after receiving Suitability Letter	

Signature

Print Name and Title

Date