

The State of New Hampshire Insurance Department 21 South Fruit Street, Suite 14 Concord, NH 03301 (603) 271-2261 Fax (603) 271-1406 TDD Access: Relay NH 1-800-735-2964

Roger A. Sevigny Commissioner Alexander K. Feldvebel Deputy Commissioner

July 7, 2009

«ADMINISTRATOR» «FACILITY_NAME» «STREET_ADDRESS» «TOWN», «STATE» «ZIP»

Dear «TITLE» «LAST»:

You are receiving this letter because your facility is licensed with the Department of Health and Human services as an assisted living or residential care facility, or because your facility files a registration statement with the Department of Justice under RSA 161-J:10 as an independent living retirement community.

Under New Hampshire law, any facility that provides housing *and* requires its residents to pay a *substantial up-front fee or deposit* must be licensed with the Insurance Department as a Continuing Care Retirement Community (CCRC). CCRCs are required to submit financial reports to the Insurance Department and meet specific financial standards that help ensure the CCRC is solvent.

Your facility does NOT need to be licensed as a CCRC if:

(1) Your facility does not require an up-front fee or deposit.

OR

(2) Any up-front fee or deposit charged is <u>less</u> than <u>either</u>:
(a) The *annual cost* charged to residents to live in the facility or
(b) \$10,000.

If your facility <u>does</u> charge an up-front fee or deposit *and* that fee or deposit <u>exceeds</u> the limits in (2)(a) and (b) above, your facility MUST be licensed as a CCRC.

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Please review the attached Bulletin explaining your legal obligations under New Hampshire law.

Please complete and return the confirmation below.

If you have any questions, please contact the New Hampshire Insurance Department at 271-7973 and tell the receptionist you have a question about CCRC licensing.

Sincerely,

Michael Wilkey Director, Life, Accident Health Division

CONFIRMATION

I confirm that		(facility name):	
	(Please check eithe	er 1 or 2 below and complete all requ	ired information)
	. Does not collect an up-front deposit or entrance fee from its residents.		
\Box 2. <u>Does</u> collect an up-front deposit or entrance fee from its residents.			residents.
The amount of		deposit or fee is	per year.
	(You may also attach a fee schedule or other description of the deposit or fee if tha more convenient)		
Date	Na	me	
	Tit	le	