

Illinois Department of Insurance

Rescission Reporting Format

Rescission reporting forms for long-term care policies for the State of Illinois

For the Reporting Year:

Company Name:

Address:

NAIC Number:

Contact Person:

Phone Number:

Due: March 1 annually

Instructions

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy & Certificate #	Name of Insured	Date of Policy Issuance	Date/s, Claim/s Submitted	Date of Rescission

Detailed reason for rescission:

Signature

Name and Title (please type)

Date